

Albany Police Department  
Criminal Investigative Division



General Theft Unit  
Operation Preventive Engraving  
(OPE)

Name: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Number; \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Social Security#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Engraving conducted at home: \_\_\_\_\_ APD: \_\_\_\_\_  
Yes or No Yes or No

Number of Items: \_\_\_\_\_  
(Please limit each appointment to five items)

Type of Items Engraving \_\_\_\_\_  
\_\_\_\_\_

Appointment Date: \_\_\_\_\_

Assigned Detective: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**WAIVER, RELEASE and DAMAGE DISCLAIMER**

**\*\*\*\*\*I hereby release and hold harmless the City of Albany, the Albany Police Department and its designees, from any and all liability, claims, actions, and causes of actions whatsoever, arising out of or relating to loss or damage that maybe sustained by their engraving services.\*\*\*\*\***

Signature

Date

SF

MAKE	MODEL	SERIAL NUMBER	ENGRAVING
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			