

2. Contact Information of the Requestor (Please include name, email, address, phone number, and serial number, if applicable). *

Enter your answer

3. Do you agree to the following: I confirm, on behalf of my agency or department, in compliance with state law, OPDs ALPR data SHALL NOT be used or shared with other agencies for the purpose of pursuing criminal charges or civil enforcement against individuals for obtaining, providing, or supporting reproductive or gender affirming health care services, to ensure that the medical and legal rights of residents of and visitors to Oakland, a Sanctuary City, remain intact. *

Yes

No

4. Do you agree to the following? I confirm, on behalf of my agency or department, that anytime we access OPDs ALPR data, there will be a need to know and right to know. *

Yes

No