



SIGNAL HILL POLICE DEPARTMENT

TRESPASS LETTER OF AUTHORIZATION

(To Validate the Authority of the Owner/Agent, this form must be Notarized; please attach a Notary Acknowledgment form)

BUSINESS NAME (IF ANY): _____

PROPERTY ADDRESS: _____

OWNER / AGENT NAME: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

RECENTLY, I HAVE EXPERIENCED THESE PROBLEMS AT MY PROPERTY (MARK ALL THAT APPLY):

DEFECATING INTOXICATION TRESPASSING UNAUTHORIZED LODGING LITTERING
 URINATING VANDALISM OTHER: _____

THIS ACTIVITY AFFECTS ME / MY BUSINESS IN THE FOLLOWING WAY:

As the authorized OWNER / AGENT of the property located above, I authorize the Signal Hill Police Department to enforce all laws against any person found on the above-listed property without my consent or without lawful purpose. I authorize the Signal Hill Police Department to ask unauthorized persons to leave the property. If they refuse to leave immediately, or return thereafter, I authorize the Signal Hill Police Department to act as my agent for the purpose of enforcing trespass or any other law violation on the property. I also consent to the collection of the provided information into the Signal Hill Police Department's database for access by department personnel in the enforcement of applicable trespass laws ____ (initials). My designee(s) and I will cooperate in the prosecution of persons for these offenses ____ (initials). I understand this authorization is valid for a maximum period of one (1) year from the date given and it is my responsibility to renew this authorization at that time unless revoked in a written notice signed by me and delivered to the Signal Hill Police Department prior to the end of the one-year period.

SIGNATURE: _____ DATE: _____

PLEASE INCLUDE YOUR MAILING ADDRESS IF DIFFERENT FROM THE PROPERTY LOCATION ADDRESS:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP

EMAIL ADDRESS:



INSTRUCTIONS:

Submit online at www.signalhillpd.org or scan an e-mail to: trespassLOA@signalhillpd.org

Mark your calendar to submit a new form within twelve months if the need still exists.

