



# 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](http://www.signalhillpd.org) or scan an e-mail to: [trespasLOA@signalhillpd.org](mailto:trespasLOA@signalhillpd.org)

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

55728.00500\41684037.1

