

Business Name: _____



**LETTER OF AGENCY
(Trespass Arrest Authorization)
SAN DIEGO POLICE DEPARTMENT**



Beginning Date: _____ End Date: Dec 31, 2009 File ID No.: _____

ATTN: San Diego Police Department, Western Division
5215 Gaines Street
San Diego, CA 92110

FROM: _____
PRINT: (LAST NAME) (FIRST NAME) (MIDDLE NAME)

Driver's License / ID Number: _____ Date of Birth: _____

I am the owner / owner's agent / person in lawful possession of the property business located at:
(Please PRINT full address):

PROPERTY ADDRESS (STREET): _____

CITY / STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

This property is a apartment / business / private house / vacant lot.

Recently, I have experienced the following problems at my property:

- URINATING DEFECATION LITTERING DRINKING
- ILLEGAL LODGING NARCOTIC ACTIVITY PANHANDLING LOITERING
- HARASSING CUSTOMERS OTHER: _____

This adversely affects me in the following way:

- HARMS BUSINESS DECREASES PROPERTY VALUE
- CAUSES DISTURBANCES IN THE COMMUNITY DIFFICULT TO RETAIN GOOD TENANTS/CUSTOMERS
- OTHER: _____

(If applicable) The on-site person to contact is:

CONTACT NAME: _____ PHONE: (_____) _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

I authorize the San Diego Police Department to act as my agent for the purposes of enforcing all criminal laws against any person found in the property without my consent of without lawful purpose. I attest that the property listed above is:

- Closed to the public.
- Closed to the public and posted as NO TRESPASSING.
- Open to the public between the hours of _____ and _____ / or / 24 hours

I further authorize the San Diego Police Department to ask unauthorized persons to leave my property. If they refuse to do so, or return thereafter, I authorize the San Diego Police Department to act as my agent for the purposes of enforcing any criminal law violations including but not limited to San Diego Municipal Code, Section 52.80.01 and Penal Code, Section 602. My agent or I will cooperate in the prosecution of persons charged for these offenses. I understand this letter is valid for a maximum period of ONE YEAR and it is my responsibility to renew the letter at that time if the need exists.

SIGNATURE: _____ DATE: _____

Witnessed by (Print Name): _____ DATE: _____

Signature (Officer/Notary): _____