

CITY OF CHICO
CHICO POLICE DEPARTMENT
TRESPASS ARREST AUTHORIZATION

Begin date

End Date (6 months from begin date)

TO: TARGET Team Attn: Crime Prevention Officer Ed Nelson
Chico Police Department
1460 Humboldt Rd
Chico, Ca. 95928
(530)897-4900 Fax (530)895-4994

FROM: _____
(Please PRINT or TYPE Last Name, First, Middle)

(Date of Birth)

Address _____
City/State/Zip code _____
Home Phone _____
Cellular Phone _____

Fax Number _____
Business Number _____
E-Mail _____

I am the **BOX** Owner **BOX** Owner's Agent **BOX** Person in lawful possession of the property at:

(Please PRINT or TYPE full address, including apartment number or business name) / _____
APN # _____

The Property is an: **BOX** Apartment House **BOX** Business **BOX** Private Residence **BOX** Vacant Lot
The on-site or contact person is:

(Please PRINT or TYPE name, address, and phone number(s) of contact person)

I authorize the City of Chico Police Department and its Officers herein to enter upon the lands or property within, of which I control, to enforce Trespass laws per California Penal Code section 602(o). I certify that:

BOX The above described property is not open to the general public, is enclosed by fencing (if commercial property), gated or fenced and accessable only by owners or tenants/guests (if private dwelling or apartment building) and is currently posted as being closed to members of the general public, or is a business that charges admission.

In accordance with the provisions of section 602(o) of the California Penal Code, I hereby request the Chico Police Department and each Officer of the Chico Police Department to ask any person to leave the above described property, because the property is not open to the members of the general public, where such person has entered upon the property without the invitation and/or consent of myself or my agent, and/or remains on the property without the invitation and/or consent of myself or my agent.

My agent or I will cooperate in the prosecution of persons arrested for these offenses. I understand that this letter is valid for a maximum period of six (6) months, and it is my responsibility to renew the letter at that time if the need still exists.

Today's date / _____
Signature / _____
Print Name

Additional Information for Officers: _____

DATE RECEIVED _____
DISPATCH BOLO ENRTY _____

CPD USE ONLY
REPORTING OFFICER: _____
UPDATE CALL-OUT: _____