Please determine which police division you live or work in before completing this form. Go to In Your Neighborhood for a list of divisions and neighborhoods.

LETTER OF AGENCY (Trespass Arrest Authorization) San Diego Police Department

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	_		-	Business Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Police Division					
Start Date					
Expiration Date	,			Office Use Only	
Expiration bate				File ID Number	
Last Name			First Name		M.I.
I am the (Select on	e) Owner	Owner's Agent	Person in lawf	ul possession of the property	
Business/Propert	y Located at:				
Address (Street)					
City/State			Zip Code		
Home Phone			Business Phone		
FAX Number			Parcel No. San Diego River Bed Properties Only		
Recently I have exp	perienced problems at my proper	ty (Select all that apply)		
Urinating	Defecation Littering	☐ Drinking ☐	Illegal lodging	Other	
This activity affects	me in the following way:				
The property is (Sel	lect one): Apartment	Business	Private H	Home Vacant Lot	
On-Site Contact		Address		Phone	
	Diego Police Department (SDPD) at or without lawful purpose.	to act as my agent for	the purposes of enforcing	g all laws against any person foun	d on the property
	operty listed above is (Select app	icable sections):			
Closed to the p	public				
Closed to the p	oublic, and posted as NO TRESPAS	SSING (602 P.C.)			
Open to the pu	ıblic, between the hours of	and			
				so, or return thereafter, I aut	
				ent or I will cooperate in the pro NTHS and it is my responsibilit	
	e if the need exists.	iter is valid for a fila	amum penou or six wo	iviris and it is my responsibilit	y to renew the
Emergency Contact, Not Owner or			Home Phone	Cell Phone	
Owner's Agent			Pager	Other Phone	
	Signature/Print			Date	