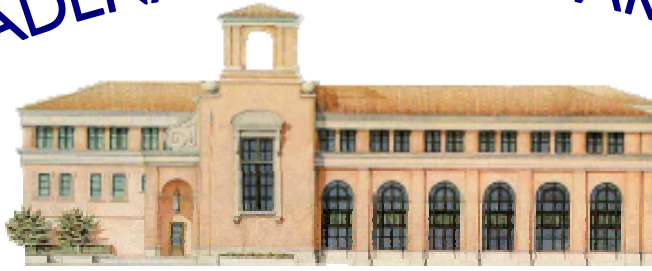


PASADENA POLICE DEPARTMENT



Phillip L. Sanchez
Chief of Police



207 N. Garfield Avenue
Pasadena, CA 91101

Trespass Enforcement Authorization Letter

The Pasadena Police Department's Trespass Enforcement Program was developed to act in accordance with California Penal Code Section 602(o), which authorizes the owner or owner's agent to make a request for the assistance of Peace Officers in dealing with trespassers. This request may be made for a period not to exceed six months, and is intended for properties that are closed to the public and are posted as being closed to the public. This form will serve as the request for Peace Officers assistance by property owners or agents that are concerned about trespassing on commercial properties that are NOT open to the general public or real properties where the owner or agent is not on the premises. This Trespass Letter is NOT intended for businesses that are open to the public or properties that have on-site owners or agents. Owners, agents and employees of properties not covered under PC 602(o) are still encouraged to contact the Pasadena Police Department if they need assistance in dealing with trespassers.

FACILITY / PROPERTY NAME: _____

ADDRESS: _____

24-HOUR EMERGENCY CONTACT: _____ **PHONE:** _____

NAME OF OWNER / AGENT: _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

I, _____, am the owner or agent authorized by the owner of the listed location and I authorize the Pasadena Police Department to act on my behalf in reference to the criminal prosecution of trespassers, pursuant to Penal Code Sections 602 (o), 602 (k), 602(m) and 602.1(a) on the property listed above. Furthermore, I agree to cooperate in all stages of prosecution and will sign a complaint against any arrested person if issued.

Reason for Letter: _____

Unless revoked by the owner or agent, this authorization shall remain in effect for six (6) months from the date received by the Pasadena Police Department.

Signature of Property Owner/Agent

Date

FOR POLICE DEPARTMENT USE ONLY

Expiration date: _____

Associated CASE #: _____

Entered into Sharepoint by: _____

Date entered: _____

Copies: FTO Coordinator – 1 Hope – 1 Other: _____