

PRESCOTT POLICE DEPARTMENT

AUTHORIZATION TO ENFORCE STATE TRESPASSING STATUTE

Effective From: **01 August 2018** to **01 August 2019**

I, _____, the undersigned, am the legal owner, lessee, or occupant of private property located at:

FIRM OR BUSINESS NAME: _____

ADDRESS OF BUSINESS: _____

CITY OF: **Prescott** STATE OF: **Arizona** ZIP: _____

E Mail Address: _____

I have, in the past, been bothered by person or persons trespassing on my property at times without my permission and when the above described property is not open to the public.

I hereby, request the Prescott Police Department and the City Attorney's Office take legal action for the enforcement of the trespassing statues of all parties who are on my property without my consent or without conducting lawful business with me or my agents. I further agree that I have posted, and shall continue to keep posted at all times on my property, in conspicuous place(s), sign(s) which states "NO TRESPASSING, VIOLATORS WILL BE PROSECUTED."

A suggested sign below states the hours of the No Trespass enforcement, and the AZ Statute A.R.S. 13-1502(a)/13-1503

NO TRESPASSING
8:00 p.m. to 8:00 a.m.
VIOLATORS WILL BE PROSECUTED
A.R.S. 13-1502(a) A.R.S 13-1503

I further agree that should the Police Department cite and the City Attorney's Office prosecute charges against persons trespassing on my property, I will be available as a witness to testify in court in the matter regarding whether or not I gave any party consent to be on the property.

SIGNATURE OF PROPERTY OWNER or responsible party. **Date**

OWNER OF PROPERTY

ADDITIONAL RESPONSIBLE PARTY

Type or Print Name

Type of Print Name

Home Address

Home Address

Telephone

Telephone

SIGN(S) CHECKED BY PRESCOTT POLICE DEPARTMENT: _____

PLEASE NOTIFY THE PRESCOTT POLICE DEPARTMENT OF ANY CHANGES TO THE ABOVE INFORMATION FOR THE ISSUANCE OF A NEW AUTHORIZATION FORM.