



NOTICE OF AGENCY OFFICIAL NOTICE

DATE: ____/____/____

Name of Business (if applicable): _____

Name of property owner, lessee,
or person-in-charge of the business
or private property: _____

(Please Print)

Address of private property or
Business premises: _____

(Street, City, State, Zip)

(Business Telephone Number)

I, _____, am the actual owner of the property,
lessee, or person in charge of the private property or business premises. I hereby authorize the below
described person or organization to act as my Agent for the sole purpose of serving the Notice of
Trespass pursuant to Sacramento City Code section 9.16.140 and California Penal Code section 602(k).

Sacramento Protective Services, Inc

(Name of person or organization authorized to act as my Agent)

3720 Madison Avenue, Suite 185, No. Highlands, CA 95660

(Address of person or organization authorized to act as my Agent)

(916) 575-9900

(Phone number of person or organization authorized to act as my Agent)

I understand that I may be required to testify in a future criminal proceeding regarding charges brought
against individuals who were served a Notice of Trespass by the Agent I have designated pursuant to this
Notice of Agency. I further understand that at this proceeding I will be asked to testify as to how the
actions of the individual violating the Notice of Trespass have injured my property or have interfered,
obstructed, or have injured the lawful business carried on by the premises.

By signing below, I hereby certify that I understand the above, and that I am the actual owner of the
property, lessee, or person-in-charge of the private property or business premises and am authorized to
grant Agency to the above person or organization for the purposes of serving the Notice of Trespass
pursuant to Sacramento City Code section 9.16.140 and California Penal Code section 602(k).

Date this _____ day of _____, 20____, at

_____, _____
(City) (State)

(Print Name) (Signature)

(Emergency Telephone number) (Email address)