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.

Signature:

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

E.		

In Your Neighborhood	San Diego Police Departi	Business Name
Police Division		
Start Date		Office Use Only
Expiration Date One year after Start	Date	File ID Number
Last Name	First Name	M.I.
I am the (Select one) Owner O	Owner's Agent Person in lawful poss	ession of the property
Business/Property Located at:		
Address (Street)		
City/State	Zip Code	
Home Phone	Business Pho	one
FAX Number	Parcel No. San Diego Rive Properties Only	
Urinating Defecating Litte This activity affects me in the following to		Other
The property is (Select one): Apartme	ent Business Private Home	○ Vacant Lot
On-Site Contact	Address	Phone
I authorize the San Diego Police Departme on the property without my consent or wit	, ,	poses of enforcing all laws against any person found
Closed to the public	ve is (Select applicable sections):	
Closed to the public, and posted as NO	TRESPASSING (602 P.C.)	
Open to the public, between the hours	of and	
to act as my agent for the purposes of enfo persons for these offenses, which may requ	orcing any law violations on the property uire providing testimony in court. I undo ow the letter at that time if the need exis	fuse to do so, or return thereafter, I authorize the SDPD y. My agent or I agree to participate with prosecution of erstand this letter is valid for a maximum period of TWELV ts. The LOA is no longer valid upon transfer of ownership
Emergency Contact, Not Owner or Owner's Agent	Home Phone Pager	Cell Phone Other Phone
	. 3901	

Print:

(Rev. 04-19-21)

Date: