

Trespass Authorization

To whom it may concern:

I, _____, owner(s) of parcel
(Please print name as seen on tax receipt.)

Number 021- _____ on _____,
(Assessor's Parcel Number) (Access Road)

do hereby give permission for reports of trespass on my property to be made on my behalf to the Siskiyou County Sheriff's Office. I affirm and agree to press charges when sufficient evidence of unlawful behavior is obtained by the Office of the Sheriff.

(signature)

(signature)

(address)

(city, state ZIP)

(phone number)

(date(s) of birth)
(Required by the Sheriff's Office for identification)

(date of signatures)

Additional comments may be made on the reverse.

***(Send the original to the Siskiyou County Sheriff's office, ATTN: Donna Hamilton, at 305 Butte St., Yreka, CA 96097, and send a copy to HLA, PO Box 795, Mt. Shasta, CA 96067)**