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.		LETTER OF AGENCY (Trespass Arrest Authorization) San Diego Police Department			Business Name		
Police Division							
Start Date					Office Lice On	h.	
Expiration Date					Office Use On File ID Numbe		
Last Name			First Name			M.I.	
l am the (Select one)	Owner	Owner's Agent	O Person in la	awful possession o	of the property		
Business/Property	Located at:						
Address (Street)							
City/State			Zip Code				
Home Phone			Business Phone				
FAX Number			Parcel No. San Diego River Bed Properties Only				
Recently I have exper	rienced problems at my proper	ty (Select all that appl	y)	1			
Urinating	Defecation Littering	Drinking	Illegal lodging	Other			
This activity affects m	ne in the following way:			I			
The property is (Selec	ct one): OApartment	Business	O Priva	ite Home	Vacant Lot		
On-Site Contact		Address			Phone		
	iego Police Department (SDPD) or without lawful purpose.) to act as my agent fo	or the purposes of enfor	cing all laws aga	inst any person f	ound on the property	
l certify that the prop	erty listed above is (Select app	licable sections):					
Closed to the put	olic						
Closed to the put	blic, and posted as NO TRESPAS	SSING (602 P.C.)					
Open to the publ	lic, between the hours of	and					
to act as my agent f persons for these of	D to ask unauthorized person for the purposes of enforcing ffenses. I understand this le ne if the need exists.	g any law violations	on the property. My a	agent or I will c	ooperate in the	prosecution of	
Emergency Contact, Not Owner or Owner's Agent			Home Phone		Cell Phone		
- [Pager		Other Phone		

Signature/Pri	٦t
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