

CAPITOLA POLICE DEPARTMENT 422 Capitola Avenue, CA 95010 • (831) 475-4242

TRESPASS/LETTER OF AUTHORITY

To: Chief of Police Capitola Police Department 422 Capitola Avenue

Capitola, CA 95010

I am the owner or owner's agent in lawful possession of certain real property located in the City of Capitola. Specific and full address(s):

PROPERTY: STREET NUMBER, STREET NAME, SUITE # (if multiple units, list all) and BUSINESS NAME (if applicable)

Check the Applicable situations:
Check the Applicable situations.
[] I am concerned about possible fire, theft, vandalism, drug dealing, and/or drug usage caused by trespassers on the property. I have posted the property as being closed to the public. I hereby request that your department enforce the trespass provisions of the California Penal Code and/or the Capitola Municipal Code to the listed property. I expressly authorize your officers to arrest and/or issue Municipal Code citations to trespassers during the following one-year period, starting on:
DATE: and ending on DATE: One year from today's date
Today's date One year from today's date
I understand it is my responsibility to renew this authorization when it expires.
[] I will be absent from the premises identified above for thirty days, commencing on I request your assistance in keeping trespassers off and away from the premises
during this period.
The following information provides your department with the ability to contact me or people with authority to respond in my absence.
Requester Signature: Date:
Print Full Name & Title:
Address:
Phone #: Email:
Additional Contacts (Please provide at least one additional contact):
Print Full Name: Phone #:

Phone #:

Print Full Name: _____



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California		
County of		
On	before me,	
		(insert name and title of the officer)
satisfactory evidence to be me that he/she/they execu	the person(s) whose name(s) is ted the same in his/her/their a	, who proved to me on the basis of is/are subscribed to the within the instrument and acknowledged to authorized capacities and that by his/her/their signature(s) on the hich the person(s) acted, executed the instrument.
I certify under PENALTY correct.	OF PERJURY under the law	ys of the State of California that the foregoing paragraph is true and
WITNESS my hand and o	official seal.	
a.	,	

CAPITOLA POLICE DEPARTMENT

422 Capitola Avenue, CA 95010 (831) 475-4242

INSTRUCTIONS FOR TRESPASS/LETTER OF AUTHORITY

- 1. The California Penal Code provides that private property owners may authorize local law enforcement to arrest trespassers under certain provisions if the requestor has signs posted AND a current Trespass/Letter of Authority on file with the Capitola Police Department.
- 2. The form MUST be *notarized* and must contain the requester's name, address, and telephone number. At a minimum, the requester must provide at least one alternate contact person who is aware there may be contact with the police department and agrees to the arrangement.
- 3. To be valid, the ORIGINAL FORM must be submitted to the police department in person or by mail to 422 Capitola Avenue, Capitola, CA, 95010. Photocopies or faxed copies will not be accepted.
- 4. When the completed form is delivered to the police department, the owner or owner's agent may request a copy for their records.
- 5. Signs on the property are required. The owner or owner's agent must provide and post a "No Trespass" sign on the property. These signs are available at hardware or lumber stores. This department does not provide signage.
- 6. The Trespass/Letter of Authority is valid for one year only. The requester is responsible for obtaining a new Trespass/Letter of Authority form to request continued active prevention.

RETURN THE ORIGINAL FORM TO THE CAPITOLA POLICE DEPARTMENT, COPIES WILL NOT BE ACCEPTED.