



GLENDALE POLICE DEPARTMENT

Trespassing Enforcement Authorization Form

Start Date: _____ Expiration Date: _____

Property Address/Description _____

Business Name (if applicable): _____

Property Type (please circle which apply): VACANT LOT PARKING LOT VACANT RESIDENCE

HOA COMMON AREA APARTMENT COMMUNITY MOBILE HOME COMMUNITY RESIDENTIAL DWELLING

I _____ am the owner of record and/or I have lawful control over the above property. You can reach me by calling _____ or _____, or my designee _____ at _____ or _____.

I hereby give authority to each and every police officer of the **Glendale Police Department** to act as my agent in enforcing the trespassing laws at the above property in accordance with ARS 13-1502 through 13-1504. I acknowledge this form is valid for a period of **one year** and that I must re-new the trespassing enforcement authorization form by contacting a Glendale Police Department representative.

By signing, I acknowledge that I agree to assist with prosecution of any individual found in violation of trespassing pursuant to ARS 13-1502 through 13-1504. Trespassers include those who are not on the premises to visit or conduct lawful business with the management or a resident of the premises. A person commits Criminal Trespass by knowingly: 1) entering or remaining unlawfully on any real property after a reasonable request to leave by the owner or any person having lawful control over such property, or 2) are on the premises after a reasonable notice prohibiting entry. This authority applies 24 hours a day.

I understand that I am responsible for ensuring that appropriate signs are posted and maintained in order for officers to enforce trespassing. The signs must be placed in a conspicuous location on the property and must have the **Arizona Revised Statutes code 13-1502-A1** printed on them.

In the event that I sell the above property, and/or no longer have lawful control, I will notify the **Glendale Police Department** in writing at **6835 N. 57th Drive, Glendale, AZ 85301, ATTENTION: Police Community Action Team.**

Property Owner/Designee (print) _____
Date

Owner/Designee Signature _____
Date

Police Representatives Name and ID Number _____
Date