



\_\_\_\_\_  
*(Incident Number)*

**AUTHORIZATION TO REMOVE TRESPASSERS AND ISSUE FORMAL  
TRESPASS NOTICES ON BEHALF OF THE UNDERSIGNED PROPERTY  
OWNER/AUTHORIZED AGENT.**

Business Name/Description: \_\_\_\_\_

Address: \_\_\_\_\_

These premises are for the exclusive use of employees/customers/residents. Persons who have been previously trespassed from these premises, and those who are found on these premises after business hours and at any other time(s) the business and premises are not open to the public, have no license, privilege, invitation, or other authorization to enter or remain on such premises and are therefore trespassers with regard to these premises. Therefore:

\_\_\_\_\_ I hereby give the Tacoma Police Department authority to enter upon the premises for the purpose of contacting and advising, and if necessary, removing any and all trespassed or trespassing persons from the premises. Additionally, I hereby authorize the Tacoma Police Department to issue trespass notifications to any and all persons found on the premises after business hours, and at any other time(s) the premises and business are closed to the public, as such persons have no license, privilege, or invitation to enter or remain on the premises. I will cooperate with the Tacoma Police Department and the City Prosecutor's Office in the prosecution of any violations occurring on the above referenced premises. I acknowledge that this authorization does not obligate, and places no duty upon, the Tacoma Police Department to enter or remove any trespassers from the above referenced premises or upon the City Prosecutor's Office to prosecute any violation.

\_\_\_\_\_ I further acknowledge that this authorization does not create any employment relationship with the Tacoma Police Department. This authorization is intended to allow the Tacoma Police Department to assist in removing trespassed, and trespassing, persons from the above premises and to allow the Tacoma Police Department to issue formal trespass notifications in relation to the above described premises.

\_\_\_\_\_ This license and authorization shall stay in effect for five years from the date of signature or until revoked by authorized agent (whichever occurs first). Written revocation should be delivered to the Tacoma Police Department Headquarters at 3701 S. Pine Street, Tacoma, WA 98409. Such written notice of revocation of this agreement shall terminate this authorization upon receipt by the Tacoma Police Department of such written notice.

\_\_\_\_\_  
*(Printed Name of Property Owner or Authorized Agent)*

\_\_\_\_\_  
*(Printed Name of Tacoma Police Officer)*

\_\_\_\_\_  
*(Signature of Property Owner or Authorized Agent)*

\_\_\_\_\_  
*(Signature of Tacoma Police Officer)*

\_\_\_\_\_  
*(Date of Signature)*