



City of Oroville

Bill LaGrone
CHIEF OF POLICE

OROVILLE POLICE DEPARTMENT

2055 Lincoln Street
Oroville, CA 95966
(530) 538-2448 FAX (530) 538-2409
www.cityoforoville.org

TRESPASS ARREST AUTHORIZATION

I, _____, am the owner, the owner's agent, or the person in lawful possession of the property located at _____ in the City of Oroville.

I authorize the Oroville Police Department to enforce all laws against any person(s) found on the above-listed property without my consent or without lawful purpose. I authorize the Oroville Police Department to ask unauthorized persons to leave the property. If they refuse to leave immediately, or return thereafter, I authorize the Oroville Police Department to act as my agent for the purpose of enforcing trespass or any other law violation on the property. I also consent to the collection of the following information into the Oroville Police Department database for access by department personnel in the enforcement of applicable trespass laws _____ (initials). My designee(s) and I will cooperate in the prosecution of persons for these offenses _____ (initials). I understand this authorization valid for a maximum period of one (1) year for the date given and it is my responsibility to renew this authorization at that time unless revoked in a written notice signed by me and delivered to the Oroville Police Department prior to the end of the one-year period.

OWNER/PROPERTY INFORMATION:

Location Name: _____ Phone: _____
Address: _____
Owners Name: _____ Owners Phone: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Fax: _____
Mailing Address (If different): _____
Property Type: Commercial Residential Other: _____

AGENT OR PERSON IN LAWFUL POSSESSION INFORMATION:

Check if same as above

Business Name: _____
Name: _____ Title: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Fax: _____
Mailing Address (If different): _____
Signature: _____ Date: _____