



Ryan L. Kinnan
Chief of Police

City of Woodland Police Department

1000 Lincoln Avenue
Woodland, California 95695
Main: (530) 661-7800
woodlandpolice.org

Letter of Agency (Trespass Arrest Authorization) **WOODLAND POLICE DEPARTMENT**

Business Name: _____

BEGINNING DATE: /___/

ATTN: Woodland Police Department, 1000 Lincoln Ave. Woodland, Ca 95695

FROM: _____

I am the (circle one) owner / owner's agent / person in lawful possession of property / business located at:

ADDRESS: _____
Woodland, CA _____
Business number () _____ - _____

Recently I have experienced the following problems at my property: (please circle all that apply)

- | | | | |
|---------------------------------|-----------------|-------------|------------|
| LITTERING | TRESPASSING | LOITERING | SOLICITING |
| FIGHTING | ILLEGAL LODGING | SHOPLIFTING | VANDALISM |
| DRINKING IN PUBLIC OTHER: _____ | | | |

The above activities affect me in the following ways and/ or I am concerned for the following reasons: _____

The property is (circle one): apartment / business / private house / vacant lot
The person to contact regarding this location is:
NAME: _____
ADDRESS: _____ PHONE NUMBER: () _____ - _____

I authorize the Woodland Police Department to act as my agent for purposes of enforcing all laws against any person found on the property without my consent or without lawful purpose. I certify that the property listed above is (check applicable sections):

- Closed to the public
- Closed to the public, and posted as NO TRESPASSING (602 pc)
- Open to the public, between the hours of _____ am/pm to _____ am/pm
(M T W Th F S Su)

EMERGENCY CONTACT PERSON (NOT THE OWNER OR OWNERS AGENT):

NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____ - _____

I authorize the Woodland Police Department to ask unauthorized persons to leave the property. If they refuse to do so, or return thereafter. I authorize the Woodland Police Department to act as my agent for the purposes of enforcing all law violations on the property. My agent and I will cooperate in the prosecution of persons for these offences. I understand this letter is valid for a maximum period of SIX MONTHS and it is my responsibility to renew the letter at that time if the need exists.

Signature

Date

Printed Name

Please submit form to: Woodland Police Department
1000 Lincoln Ave
Woodland, Ca 95695
530-661-7800-Office
530-662-5356-Fax
WPDRecords@cityofwoodland.gov

