



LETTER OF AGENCY & TRESPASS ENFORCEMENT AUTHORITY

Charleston Police Department

180 Lockwood Boulevard, Charleston, SC 29403

Start Date: _____

Expiration Date: _____

Person Completing Form:

Last Name: _____

First Name: _____

M.I.: _____

Primary Phone: _____

Alternate Phone: _____

E-mail Address: _____

I am the (select one): Owner Owner's Agent Person in lawful possession of the property

Property Description:

Street Address: _____

Unit / Apt. / Suite: _____

City: CHARLESTON

State: SC

ZIP: _____

Primary Phone: _____

Alternate Phone / Fax: _____

Property Type: Private Home

Apartment

Vacant Lot

Business

Business Name: _____

Alternate Contact: _____

Phone: _____

The property listed above is (select one):

Closed to the public Open to the public between the hours of _____ and _____

Is the property listed above posted with "No Trespassing" signage (select one)? Yes No

I authorize the Charleston Police Department and its officers and employees (hereafter known as CPD) to act as my agent for the purposes of enforcing all laws against any person found on the privately-owned property described above without my consent, or without lawful purpose. I hereby ask CPD to enforce such laws, and I grant CPD access to my property for the purpose of doing so.

I authorize CPD to ask unauthorized persons to leave the property. If they refuse to do so, or if they return after having been previously asked to leave or warned against entry, I authorize CPD to act as my agent for the purposes of enforcing any law violations on the property.

I agree to post and maintain on my property conspicuous signage that includes the phrase "No Trespassing." I understand that such signage may serve as reasonable and sufficient warning against entry under the law.

I understand that CPD will notify me or my agent of any person arrested or charged for offenses made pursuant to this authorization. I agree that my agent or I will cooperate and assist in the prosecution of such charges.

I understand that this letter and authorization are valid for a maximum period of TWELVE MONTHS from the start date listed on this form, and that it is my responsibility to renew the letter at the time of expiration, if the need exists. I understand that any amendment or revocation of this letter and authorization must be submitted in writing to CPD.

Signature: Agree Initials _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Expiration Date: _____

Team: _____