SANTA ANA POLICE DEPARTMENT

LIMITED AUTHORIZATION FOR ARREST

I hereby authorize the Santa Ana Police Department to arrest any person who trespasses upon my property at _____ which is fenced, or posted with signs no less than 3 to a mile, along all entries and exterior boundaries, or neither posted nor fenced and/or in any way engages in, carries out or causes to carry out any unlawful act in violation of the law of the State of California or the City of Santa Ana's Municipal Code. I specifically designate the Santa Ana Police Department as my agent and grant authority to police officers to request persons who are trespassing to leave the above reference property. (Penal Code section 602 and 647.) I also agree to cooperate fully with any prosecution brought by or on behalf of law enforcement authorities acting at my request and I agree to appear in court if called to do so. I understand this authorization is for a limited time and that the time period will not exceed 6 months when the property is not posted and when the owner, agent or person in lawful possession is absent from the property. If the property is closed to the public and posted "Closed to the Public, No Trespassing", the period of time will not exceed six months. I further understand that it will be my responsibility to renew my request once that time has expired. I will hold harmless the City of Santa Ana for any act as a result of this request. **I will renew this authorization or allow it to expire within 6 months of the date signed**. I agree to notify the Santa Ana Police Department in the event I sell or relinquish ownership, agency or lawful possession of the property.

_____	_____	_____
Printed Name	**Signature**	**Date**

Property Owner/Manager & Property/Business Information

California Driver's License #: _____
Date of Birth: _____
Address: _____
Contact #: _____
Email address: _____

Business /Property Name or Type: _____
Business /Property Address: _____
City, State, Zip: _____
Business Contact #: _____
Business Cell#: _____
Email address: _____
Business/property will be closed between the hours of: _____

Describe Trespassing Issues:

_____
_____
_____

PLEASE INCLUDE ONE PICTURE OF ONE OF YOUR POSTED SIGNS

FOR OFFICE USE ONLY

Witnessed By: _____ **(May Be Same As Officer Taking Report)**

Date Received by SAPD: _____ **Case #:** _____ **Expiration Date:** _____