



Trespass Authorization Form

I, _____ being the legal owner of the property located at _____, hereby authorize the City of Pasco Police Department to trespass individuals on my private property, in accordance with applicable laws and regulations.

Property Owner's Information:

- Full Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Property Information:

Property Address : _____
Business Name: _____

This authorization is effective as of the date of my signature below and remains in effect until I provide written notice of revocation to the City of Pasco Police Department.

By signing below, I acknowledge and understand the authority granted to the City of Pasco Police Department to enforce trespassing laws on my property, in accordance with local ordinances and state laws.

Signature: _____ Date: _____

Full Name: _____

Title/Position: _____

Please return this completed form to the City of Pasco Police Department for their records.