

Trespass Arrest Authorization:

Please provide the full property address inclusive of address numbers, direction indicator, street name, street type, town, and zip code:

Business Name:

Address:

Legal Description if no Physical Address information:

Start Date:

Expiration Date:

Recently I have experienced problems at my property (select all that apply):

☐ Defecation

☐ Dumping

☐ Drinking

☐ Urinating

This activity affects me in the following way:

I certify the property listed above is (select applicable items):

☐ Apartment

☐ Vacant Lot

☐ Property Fenced

☐ Private Home

☐ Business

☐ Property Posted No Trespassing

☐ Closed to the public

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

☐ Other

Owner Full Name:

Owner Address:

Home Phone:

Business Number:

Emergency Contact (Not Owner or Owner Agent):

Emergency Contact Phone:

Owner hereby authorizes the Maricopa County Sheriff's Office (MCSO) to patrol the premises indicated above and arrest person/s trespassing pursuant to Arizona Revised Statutes sections 13-1501 through 13-1504. Trespassers include those who are not on the premises to visit or conduct lawful business with the management or a resident on the premises. A person commits Criminal Trespass by knowingly: 1) entering or remaining unlawfully on any real property after a reasonable request to leave by the owner or any person having lawful control over such property, or 2) are on the premises after a reasonable notice prohibiting entry. This authority applies 24 hours a day.

My agent or I will cooperate in the prosecution of persons for those offenses. I understand this letter is valid for a maximum period of TWELVE MONTHS and is my responsibility to review the letter at the time if the need exists. If I or my agent is not available, I authorize the Maricopa County Sheriff's Office to act as agent for the purpose of enforcing any law on the property.

The undersigned agrees to cooperate fully in the prosecution of person/s subsequently arrested for trespassing violations occurring on the premises.

This form is valid from the date of signature for one year. Any changes in ownership or management must be noted to the Sheriff's Office as soon as possible.

Dated this _____ day of _____ (month), _____ (year)

Signature Owner: _____