



SAN JOSE POLICE DEPARTMENT

STOP Program

STATEMENT OF OWNERSHIP / PERMISSION TO ENTER PROPERTY AND REQUEST FOR ASSISTANCE TO ENFORCE TRESPASSING LAWS

I, _____ am the owner ("Owner"), the owner's agent, or the person in lawful possession of the property located at the following street address:

_____ in the City of San Jose.
(Street Address)

As the owner, owner's agent, or person in lawful possession of the property at this address, I authorize police officers of the San Jose Police Department to enter upon the property to enforce California Penal Code and San Jose Municipal Code provisions prohibiting trespass and other criminal conduct. I also consent to the collection of the following information into a San Jose Police Department database for access by law enforcement personnel in the enforcement of applicable trespass laws within the city. _____(initials)

In addition, if the property at this address is closed to the public and posted as closed, I authorize officers to act as my agent for the purpose of requesting trespassers to leave the property and to otherwise enforce California Penal Code Section 602(o) at all times. This authorization shall remain in effect for one (1) year from the date given below, unless revoked in a written notice signed by me and delivered to the Chief of Police prior to the end of the one(1) year period. _____(initials)
[Initial only if the property is closed to the public and posted as closed. Penal Code Section 602(o) cannot be used if the property is open to the general public at any time of the day.]

OWNER / PROPERTY INFORMATION:

Location name: _____ Location phone: _____

Location address: _____

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

MAILING ADDRESS

AGENT OR PERSON IN LAWFUL POSSESSION INFORMATION:

Check if same as above.

Business name: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

MAILING ADDRESS:

PROPERTY TYPE: Check all that apply:

- | | | | | |
|---|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Church | <input type="checkbox"/> Apartment | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Private Yard |
| <input type="checkbox"/> Building Perimeter | <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Storage Building | <input type="checkbox"/> Other: _____ | |

Signature: _____ Date: _____