



SAN JOSE POLICE DEPARTMENT STOP Program

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

This letter is intended to provide the San Jose Police Department and its representatives, permission to enforce trespassing laws within and upon the below listed property. As a result, I state the following.

I, _____ (hereinafter the "Owner") have an ownership interest in the
(Property Owner's Name)
land, or is an agent of the owner of the land, or is the person in lawful possession of the land 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 with the address given below, I authorize police officers of the San Jose Police Department to enter upon the property and act as my agent for the purpose of the requesting trespassers to leave the property and to otherwise enforce California Penal Code Section 602(o) pc at all times, when the property is closed to the public and posted as being closed. I further authorize police officers of the San José Police Department to enter upon the property for the purpose of enforcing other State criminal statues and the San José Municipal code provisions. This authorization shall remain in effect for six (6) months 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 six (6) month period.

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.

OWNER / PROPERTY INFORMATION:

Location name: _____ Location phone: _____

Location address: _____

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

MAILING ADDRESS

AGENT 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: _____

San Jose Police Department / STOP Program, 201 W. Mission Street, San Jose, CA 95110
Office: (408)289-8365 / Fax:(408)277-3880