

Lincolnton Police Department

P.O. Drawer 617
Lincolnton, North Carolina 28093
(704) 736-8900 • Fax (704) 736-8904

Rodney Jordan
Chief of Police

TRESPASS AGREEMENT

AUTHORIZATION TO ACT AS AN AGENT

I hereby authorize the Lincolnton Police Department to act as my agent in ordering any individual or individuals to leave my premises over which I have control, "after closing hours." or "if property is vacant."

It is also understood that the Lincolnton Police Department will act as my agent and order any individual or individuals to leave my premises. The Lincolnton Police Department will make an arrest for violation of the "**SECOND DEGREE TRESPASS**" STATUTE, NORTH CAROLINA GENERAL STATUTE 14-159.13 or for other violations that occur upon my premises in my absence.

It is further understood that I may be called on to sign a complaint under this section, and I hereby agree to do so. I will testify in court that I requested the Lincolnton Police Department to order individuals or groups to leave my premises, "after my business is closed" or "in my absence from vacated property."

Signed by: _____ Position: _____

Home Phone #: _____ Business Phone #: _____

Name of Business or Residence/Location: _____

Exact Address of Location to be checked: _____

Signed and sworn to (or affirmed) before me this date by _____,

(Print Name of Principal)

On this the _____ day of _____, 20 _____.

(Official Signature of Notary)

Date Commission Expires _____

(Official Seal)

*Expiration Date: _____

**(first day of the month after the date signed)*

Renewal Month: _____

(Month prior to expiration date)

Trespass Agreement Date: Day _____ Month _____ Year _____

MANAGEMENT COMPANY NAME (if applies) _____

Address _____ City _____ State _____
Zip Code _____ Telephone _____ Contact Person _____

NAME OF BUSINESS/RESIDENCE (to be checked) _____

Exact Address/Location _____

Emergency Number _____

Owner's "Home" Phone Number _____

INFORMATION ON PERSON MAKING REQUEST:

Position/Title _____ Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone Number _____

OTHER CONTACT PERSON(S)

Name _____ Address _____ Phone# _____

BUSINESS HOURS/DAYS OF WEEK

_____ - _____ / _____ - _____

_____ - _____ / _____ - _____

SPECIAL INFORMATION/CONCERNS: (ie. Vagrants, Vandalism, Congregation...)
