



# City of Chehalis Police Department

350 N. Market Blvd. Rm 201 Chehalis, WA 98532  
Ph 360-748-8605, Fax 360-748-1513



## TRESPASS AUTHORIZATION

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, have information unwanted subjects are trespassing after business hours on the property of a business of which I am the Manager/Owner and request the assistance of the Chehalis Police Department in enforcing the criminal trespass law at that location.

By submitting this letter, I authorize Officers of the Chehalis Police Department to advise subjects who are present during non-business hours that they are being trespassed. I authorize Officers to take appropriate enforcement action, to include a warning, arrest, citation, and/or arrest referral of those who are on my property when an employee, manager, or owner is not present. If an Officer needs to contact someone from my business and is unable to at the phone number(s) provided, I understand that enforcement action may not be taken.

I agree to appear in court to testify as necessary regarding my having given Chehalis Police Department Officers the authority to take appropriate enforcement action on my behalf, to include warning, arrest, citation, and/or arrest referral of the subjects. I agree to indemnify the City of Chehalis and its employees from liability alleged in any civil suit that may arise under this authorization not amounting to gross negligence. This authorization does not create any liability on the part of the City of Chehalis or its employees for any damage to real property or personal property or for the timely removal of persons from the owner's/manager/s property. I understand this is not an agreement for the City of Chehalis to provide additional emphasis patrols for my business.

Additionally, I understand that this authorization only applies if the business is closed, and employees are not present. If subjects are trespassing on my property when employees are present, it is my responsibility to contact Law Enforcement to report potential trespass violations.

This notice is valid from this date until the end of the current calendar year. A new Trespass Authorization must be completed by the beginning of each calendar year.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Position/Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street, Unit, City, State, Zip

After Hours Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

After Hours Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

After Hours Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_