POLICE ATTORNEY'S OFFICE
601 E. Trade Street, Suite 3220
Charlotte, NC 28202
(704) 336-2406

C.M.P.D. Service Area: _____
Date: _____

AUTHORIZATION TO ACT AS AGENT

To: CHARLOTTE-MECKLENBURG POLICE DEPARTMENT

I hereby authorize each sworn police officer of the Charlotte-Mecklenburg Police Department to act as my agent in ordering individuals to leave the premises described herein during the enumerated hours. I understand that each sworn officer can act as my agent and order individuals to leave the premises described herein, and it is understood that if any individual does not leave said premises, Charlotte-Mecklenburg Police officer(s) may make arrest(s) for violation of the trespass statute(s) (N.C.G.S. 14-159.12 or 14-159.13) or any other applicable statute(s). I understand and agree that I can be called on to sign a complaint pursuant to this agreement, and I agree to testify in court that I have authorized the Charlotte-Mecklenburg Police Department and its officers to order individuals or groups to leave the premises described herein (vacant lot, occupied business, vacant house, etc.) during the enumerated hours.

If I wish to terminate this authorization to act as agent prior to the one-year expiration date or if my ownership or authority over this property should terminate, I will notify the police department immediately.

Hours of enforcement: _____ **until** _____ **or 24-HOURS**
(Hours during which ABSOLUTELY NO ONE is permitted to be on the property)

"NO TRESPASSING" SIGNS UP: YES _____   **NO** _____
→ **IMPORTANT: SIGN(S) MUST BE POSTED BEFORE THIS FORM WILL BE APPROVED!**
Please include photos of the No Trespassing sign(s) as posted, including the hours of enforcement.

Please provide property name & description:_____
(Company name-pool, playground, clubhouse, vacant house, vacant lot, etc.)

_____
(Address of premises)

Title: _____   Telephone: (day) _____ (night)_____
(Property Owner, Business Owner, Manager, etc.)   E-mail: _____
Name: _____   Signature: _____
Home Address: _____
NOTE: THIS AUTHORIZATION EXPIRES ONE YEAR FROM DATE OF EXECUTION

NORTH CAROLINA
MECKLENBURG COUNTY
I,_____a Notary Public for said County and State do hereby certify that _____personally appeared before me this date and acknowledged the due execution of the above instrument.
Witness my hand and notarial seal this_____day of_____,_____.

_____ (SEAL)
Notary Public
My Commission expires: _____

APPROVED BY:_____, Police Attorney
DATE APPROVED:_____EXPIRATION DATE: _____