APPENDIX C

CITY OF MARICOPA
PROUD HISTORY · PROSPEROUS FUTURE

# AUTHORITY TO ARREST TRESPASSERS

I, the undersigned owner, occupant, or designated agent for the premises known as:
Business/Property Name:_____

Location *(street address, not intersection)*:_____ Suite/Unit #:_____

within the City of Maricopa, AZ Phone #:_____ Cell #:_____

I hereby authorize the City of Maricopa Police Department to patrol the premises indicated above (including parking areas) and arrest person(s) trespassing pursuant to Arizona Revised Statutes sections 13-1501 through 13-1504. Trespassers include those who are not on the premises to visit or conduct lawful business with the management or as resident of the premises and 1) refuse to leave the premises after being instructed to do so, or 2) are on the premises after a reasonable notice prohibiting entry. This authority applies 24 hours a day.

Reasonable requests to leave may be made in person or by posting "**NO TRESPASSING**" signs, which give reasonable notice prohibiting entry on your property. The statement: **"Violators will be prosecuted under ARS 13-1502 through 1504"** must be printed on the sign, preferably in both English and Spanish. Signs must be placed in entryways and be highly visible.

The undersigned agrees to cooperate fully in the prosecution of person(s) subsequently arrested for trespassing violations occurring on the premises and certifies that he/she is the owner or person having lawful control over the premises listed above.

This form is valid from the date of signature for two years. Any changes in ownership or management must be noted to the police department as soon as possible.
Dated this _____ day of _____, _____.

**Owner, Resident or Designated Agent**

_____ _____
Signature Title

_____ _____ _____
Name (Please Print) Date of Birth Social Security Number

Emergency Contact phone number after hours: _____

If you reside out of state, list local contact person/phone number:

_____

Witness:

_____ _____
Signature Name (Please Print)

_____

Mailing Address/City/State/Zip

Phone Number(s) _____

Complete form and mail to:
Maricopa Police Department-Trespass Enforcement
18135 North Park Plaza
Maricopa AZ 85138

**Police Use Only**
Signs up? Y / N
Entered in CAD by Serial #: