For Internal Use Only:Agreement No.:Effective Date:Expiration Date:

Telephone: (252) 329-4315

Facsimile: (252) 329-4792

<u>Physical Address</u>: 500 South Greene Street Greenville, North Carolina 27834

<u>Mailing Address</u>: Post Office Box 7207 Greenville, North Carolina 27835-7207

GREENVILLE POLICE DEPARTMENT

<u>Trespass Agreement</u> Authorization to Act as Agent

The Greenville Police Department ("GPD") created this Trespass Agreement/Authorization to Act as Agent ("Authorization") to assist with the problem of trespassers on certain privately owned and specifically designated property within the City of Greenville. Specifically, this Authorization is a tool for GPD officers to use to act on your behalf to notify persons not to enter or remain on your property if the persons have no authorization to be on your property and to charge violators who enter your property unlawfully or who may remain on your property after being notified to leave. This Authorization is valid even when you the owner, or a person in charge of the premises, or a lawful occupant of the premises may not be present to notify the trespasser not to enter or remain on your properties.

In order for the Authorization to be enforced, your property <u>MUST be posted with a "No</u> <u>Trespassing" sign or "No Trespassing" signs clearly stating the prohibition</u>. The sign(s) shall be placed in a position where it/they is/are clearly visible and shall contain, at a minimum, the following language:

NO TRESPASSING VIOLATORS WILL BE PROSECUTED

Signs may be obtained from the City of Greenville Public Works Department or shall meet the specifications for those signs as directed by the City's Director of Public Works. <u>Please note:</u> Sign(s) must be posted properly and approved by the Chief of Police or his designee before this Authorization will be approved by GPD. For private parking lots, under City Code 12-1-11, the signs must indicate the times for which no one is to be on the property, parked or otherwise. To assist with the application and approval process, please include photographs of the "No Trespassing" sign(s) as posted upon your property. <u>Inclusion of photographs with this application is mandatory</u>.

This Authorization and the agency status created herein will begin on the date approved by GPD and will remain in effect for **one (1) year**, unless terminated by either GPD or you prior to that date. Accordingly, to remain valid and current, a new Authorization must be completed each year. Additionally, a new Authorization must be completed if ownership of the property changes.

This form must be executed in the presence of a notary public and returned to the GPD at 500 South Greene Street, Greenville, NC 27834.



TO: Greenville Police Department

I hereby authorize each sworn GPD police officer to act on my behalf as an authorized person and my agent to notify, order, and direct individuals to leave or not to enter the premises described herein during the hours enumerated herein. I understand that each sworn GPD officer can act on my behalf as an authorized person and my agent and notify, order, and direct individuals to leave or not to enter the premises described herein, and it is understood that if any individual enters or remains on the premises without being authorized to enter or remain there, GPD officer(s) may make arrest(s) for violation of the trespass statute(s) (N.C.G.S. § 14-159.12 or § 14-159.13), City Code § 12-1-11, or any other applicable statute(s). I understand and agree that I can be called upon by GPD officers to initiate or sign a complaint or other criminal process pursuant to this Authorization, and I agree to testify in court that I have authorized GPD and its officers to notify, order, and direct individuals to leave or not to enter the premises described herein during the hours enumerated herein. Failure to do so shall result in the immediate termination of this agreement.

I further understand and agree as follows:

- I will notify GPD immediately if I wish to terminate this Authorization.
- I will notify GPD immediately if my ownership or authority regarding this property terminates.
- GPD can terminate this Authorization at any time and will promptly notify me of any such termination.

This Authorization <u>IS FOR</u> the Following Property with Proper Signage:

- Commercial/business property.
- Vacant property when no one is authorized to be on that property.
- Certain specified areas of <u>two-family attached (duplex) dwellings</u> and <u>multifamily</u> <u>dwellings</u> as those residential properties are defined by City Code § 9-4-22, such as pools, playgrounds, sports equipment areas, etc., <u>if ALSO delineated by fencing around perimeter</u> <u>of area</u>.
- **Non-residential**, privately owned parking lots in accordance with City Code § 12-1-11(D). In accordance with this ordinance, no trespassing signs must indicate hours for which parking/loitering is not authorized.

This Authorization IS NOT For:

- Occupied or partially occupied two-family attached (duplex) dwellings or multifamily dwellings as those residential properties are defined by City Code § 9-4-22.
- Common areas of property not specifically allowed pursuant to this Authorization.

IDENTITY AND DESCRIPTION OF PROPERTY

Parcel No. (if known):

Additional Description of Property:

Type of Property or Business Covered By this Authorization (check all that apply):

	Commercial or Business Property [Parking Lot(s) Vacant Lot Other Vacant Property
The following designated area(s) of a duplex or multifamily dwelling, delineated by fencing around		
	the perimeter of the area: Spor	ts Equipment Area(s) [basketball and/or racquetball court(s), etc.]
	Pool	(s) Playground(s)
	Other (please specify).	

PROPERTY OWNER'S INFORMATION

Property Owner's Name:				
If the above Owner is a business entity, please identify the name of the officer of the entity who is				
authorized to enter into this agreement with GPD:				
Title of Officer (<i>If Owner is a Business Entity</i>):				
Property Owner's Address:	Esseinile			
Email: Telephone (day): Telep	Facsimile:			
I have read and garee to this document and up	derstand that all previous Authorizations are			
I have read and agree to this document and understand that all previous Authorizations are revoked. If any other authorized person is identified herein below, said authorized person has				
complete authority to act on my behalf as owner as it relates to trespass upon my property and				
this Authorization.				
Signature:	Date:			
Printed Name:				
Title (if applicable):				
Name of Other Authorized Person (if applicable):				
Title of Authorized Person:				
Authorized Person's Address: Authorized Person's Email:				
Authorized Person's Email:	Facsimile:			
Authorized Person's Telephone (day):	Telephone (night):			
STATE OF				
COUNTY OF				
l,	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, 20			
(SI	EAL)			
Notary Public				
My Commission Expires:				
FOR INTERNAL USE ONLY				
Received By:	Date Received:			
Have/Has "No Trespassing" sign(s) been properly	posted: YES NO			
Proper Posting Confirmed By: In-person ins				
Proper Posting Confirmed By:				
Approved By:	Date Approved:			
NOTES:				