



GOLDSBORO POLICE DEPARTMENT



TRESPASS AGREEMENT/AUTHORIZATION TO ACT AS AGENT

I hereby authorize each sworn police officer of the Goldsboro Police Department to act as my agent in ordering any unauthorized individual(s) 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, Goldsboro Police officer(s) may make arrest(s) for violation of the trespass statute NCGS 14-159.13, or other statutes.

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 Goldsboro Police Department and its officers, in my absence, to order individuals or groups to leave the premises described herein (e.g. vacant lot, occupied business, vacant house, etc.) during the enumerated hours.

Hours of enforcement: From _____ am/pm until _____ am/pm; or 24-Hours
(Hours during which ABSOLUTELY NO ONE is permitted to be on the property)

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 Goldsboro Police Department immediately.

"NO TRESPASSING" Signs Posted: YES NO

Type of Premise: _____
(business, vacant building, vacant house, vacant lot, etc.)

Address: _____
(use reverse side to show exact location if necessary)

Title: _____
(property owner, business owner, manager, etc.)

Title: _____
(property owner, business owner, manager, etc.)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signed: _____

Signed: _____

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF EXECUTION

NORTH CAROLINA
WAYNE 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: _____

DATE EXECUTED: _____

EXPIRATION DATE: _____

OFFICE USE ONLY
Approved By: _____ Zone: _____