



# 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. I agree to abide by the following provisions:

- Must post No Trespassing signs in conspicuous locations, visible to the general public, on the premises, including but not limited to, the entrance and exit of the location.
- Signs must be posted visibly in common areas such as in parking lots in apartment complexes.
- Grant the right of ingress and egress to the officers of the Goldsboro Police Department for the purpose of enforcing the agreement.
- Grant officers the right to make inquiries into the person's actions to determine their right to be on the premises.
- Be responsible for keeping the agreement current and making changes when owners, managers, or tenants change.

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: \_\_\_\_\_ Title: \_\_\_\_\_  
(property owner, business owner, manager, etc.) (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 personally certify that \_\_\_\_\_ appeared before me this date and acknowledged the due execution of the above instrument.

Witness my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
Notary Public (SEAL)

My Commission expires: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Approved By: \_\_\_\_\_ OFFICE USE ONLY Zone: \_\_\_\_\_