

## TRESPASSING ENFORCEMENT REQUEST

This is a legal document and cannot be altered in any way. PLEASE PRINT

TO:	Chief of Polic	Chief of Police, Marana Police Department						
FROM:	Your Name:							
	Mailing Address	s:						
	City:		State:	Zip				
	Phone: ()		Cell: ()					
	Email:			*REQUIRED				
I am the:	Owner	☐ Manager	Other (specif	ý)				
(street add the Marana 1502. I auth who is on th leave the pro prosecuting I agree to co	ress only: not inter Police Department orize officers of the ne premises listed al emises. Furthermor any persons who re ooperate fully in th	and its officers to act as r e Marana Police Departm bove at a time or place wl re, the officers are authorize fuse a reasonable request e prosecution of persons	ny agents in enforcing the ent to make reasonable rearing the premises is no zed to act as my agent in to leave given by the of subsequently arrested for	, hereby authorize the provisions of ARS§13- requests for any person of open to the public to a arresting and fficers.				
above.	s and certify that	I am the owner or perso	n having lawful control	l over the premises listed				
Departmen	t. The undersigne		ify the Marana Police	by the Marana Police Department in writing rmation.				
For emerger or by phone please list	ncies contact purpo e during normal b a local contact p	uses, I can be reached by pusiness hours at person's name, full add	phone after hours at If ress & phone number	, f you reside out of state, as stickers are mailed:				

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: 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**" must be printed on the sign, preferably in both English and Spanish. Signs must be placed at entryways and be highly visible.



## TRESPASSING WARNINGS DOCUMENT

The following people have been warned for trespassing on the property of:						
Prosecution for trespassing is desired by:						
Name:	•					
Position:	Phone Number:					

Name of Subject	DOB	Date /Time of warning	DR #	Officer/Badge

**NOTICE TO BUSINESS EMPLOYEES**: keep this form in a safe location. Make it available to the Police Officer responding to your call. <u>DO NOT POST IT WHERE THE PUBLIC CAN SEE</u>.