



## Trespass Letter of Consent for a Specific Individual

I, \_\_\_\_\_, person in charge of the business or premises known as \_\_\_\_\_, located at \_\_\_\_\_, do hereby designate each and every police officer, now and hereafter, employed by the City of Albany as my agent and representative for the purpose of enforcing sections 164.245 and 164.255 (Criminal Trespass) of the Oregon Revised Statute.

This authorization letter allows a police officer to act on your behalf to immediately resolve an ongoing trespass issue with a known named individual. The responsible party above affirms that the individual(s) listed below has been notified that they are trespassed from the property and advised not to return. A full name (first and last name) and a date of birth is required for a valid trespass letter.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trespassed for:  6 months  1 Year  Indefinitely

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trespassed for:  6 months  1 Year  Indefinitely

This authorization shall continue in full force and for the length of time selected. If this Trespass Letter of Consent needs to be changed, please submit a new form or notify the department in writing to rescind your current letter.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

**Completed forms can be returned to:**

Albany Police Department  
Trespass Letter  
2600 Pacific Blvd SW  
Albany, OR 97321  
Email: [apd-trespassletter@cityofalbany.net](mailto:apd-trespassletter@cityofalbany.net)  
Fax: 541-928-6692