



**INGLEWOOD POLICE DEPARTMENT
602(o) ANTI-TRESPASSING PROGRAM
AUTHORIZATION FORM**

602(o)

Mail this completed form to the Inglewood Police Department to 602(o) Anti-Trespassing Program at 1 W. Manchester Boulevard, Inglewood CA 90301, or fax it to 310-412-8798. Any questions regarding implementing the 602(o) Anti-Trespassing Program should be directed to the Information Desk or Sergeant Espinoza at 310-412-5210.

PROPERTY OWNER(S)

Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone Numbers: _____	_____	_____
(Home)	(Work)	(Cell)

MANAGEMENT COMPANY, IF ANY

Name: _____	Telephone: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____

I, am _____, the property owner of or the owner's agent for or person in lawful possession of real property located at _____ in the City of Inglewood. I certify that this property is closed to the public and signs prohibiting trespassing are posted and will be maintained in compliance with the 602(o) Anti-Trespassing Program ("Program"). I authorize the Inglewood Police Department (IPD) to ask unauthorized persons present on the property to leave. If they refuse or fail to do so or return thereafter, I authorize IPD to act as my agent for the purposes of enforcing any law violations on the property, including, but not limited to Penal Code section 602(o). I agree to participate with the prosecution of persons arrested pursuant to this Program, which may require providing testimony in court.

I understand that this Authorization Form is valid for a maximum period of twelve (12) months beginning on (date) _____ and ending on (date) _____, and that I may rescind my authorization before the end

date by submitting written notice rescinding my authorization to IPD. I understand that it is my responsibility to submit a new Form when the authorization period in this Form has expired.

I further understand that this Form will expire by operation of law if there is a transfer of ownership of the property or upon a change in the person in lawful possession, and that the new owner, new owner's agent or the new person in lawful possession shall be required to submit a new Form to participate in this Program.

Owner/Manger's Signature:_____

Date:_____

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