

For Agency Use Only			
Date Received:			
Initials:			

## **Trespass Arrest Authorization**

I/We,_	Please print your full name	_Address	
Phone_			
I/We,_	Please print your full name	_Address	
Phone_	<u>-</u>		
	occupants and/or are legally responsible per nits of Woodburn.	rson(s) for the below listed property, which is within the incorpora	ted
	Property address or location:		
	If named rental unit give name:	<u> </u>	
Depart Trespa	ment finds any unauthorized person(s) at thi	ow have permission to be on this property. If the Woodburn Police is address/location, I request you arrest that person(s) for Crimina n court and vigorously assist in the prosecution of all person(s) for	al
	ORS. 164.245 Criminal Trespass II A person commits the crime of criminal to unlawfully in or upon premises.	respass in the second degree if the person enters or remains	
	I have read the above definition of Crimir	nal Trespass and understand it.	
	Person(s) who have permission to be on/at the above listed property:  1	Person(s) who do not have permission to be on/at the above listed property:  1. 2. 3. 4. 5.	
Si	gned:	Date:	

This form must be signed and returned to the Woodburn Police Department.

Forms may be sent by Mail, Fax, Drop-off or email to police@ci.woodburn.or.us.