

# AUTHORIZATION TO ACT AS AGENT

## TO: Kannapolis Police Department and Kannapolis Police Officers

**Authorization:** I am the owner of the premises described herein or am authorized to act on behalf of the owner. I hereby authorize each sworn officer of the Kannapolis Police Department to act as my/our agent in ordering any unauthorized individual(s) to leave the premises described herein during the enumerated hours. I understand that each sworn officer is authorized to act as my agent and to order individuals to leave the premises described herein, and I understand that if any such individual does not leave, any Kannapolis Police Officer may make arrest(s) for violation(s) of the trespass statute(s), N.C.G.S. § 14-159.12 or § 14-159.13, or other applicable statute(s). I agree to post "No Trespassing" signs satisfactory to the Police Department. If trespassing is prohibited during particular hours, they will be listed on the sign(s). I understand and agree that I can be called on to sign a complaint, and I hereby agree to do so. I agree to testify in court that I authorized the officers of the Kannapolis Police Department to act as my agent(s) and to order unauthorized individuals or groups to leave the premises described herein during enumerated hours. I agree to indemnify and to save and hold harmless the Kannapolis Police Department, Kannapolis Police Officers, the City of Kannapolis, and City officials from any and all liability, costs, and/or damages arising from any action taken pursuant to this authorization.

**Period of Enforcement:** *(Days and Hours during which Absolutely NO ONE is permitted on the property)*

24 Hours Every Day

Other (Specify) \_\_\_\_\_ AM PM until \_\_\_\_\_ AM PM

Applicable Days of the Week: M T W T F S S

**Termination:** If I wish to terminate this authorization to act as agent, or if my ownership or authority over this property should end, I will notify the Kannapolis Police Department within 24 hours, orally (by telephone or in person) and in writing.

**Expiration:** This Authorization to Act as Agent shall expire one (1) year from the date of execution indicated below. I understand that I may apply to renew this Authorization to Act as Agent for one additional year by completing this form and resubmitting for approval. Upon approval by the Police Department, the Authorization is extended one additional year from the date the Authorization was originally executed. The police department can refuse to act pursuant to this authorization in the event that any condition herein is not met.

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

Printed Name of Person Authorizing: \_\_\_\_\_

Position (owner, manager, etc.): \_\_\_\_\_

Name of owner(s) if different: \_\_\_\_\_

Address (of Property): \_\_\_\_\_

Description (store, vacant lot, etc.): \_\_\_\_\_

**Contact person(s) for the business or property:**

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

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

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

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

City & State: \_\_\_\_\_

City & State: \_\_\_\_\_

ZIP: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Night): \_\_\_\_\_

Phone (Night): \_\_\_\_\_

Other Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Signature of Person Authorizing: \_\_\_\_\_  
(Must match name on previous page)

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the above instrument. Witness my hand and seal this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

(AFFIX SEAL)

Signature of Notary

**POLICE USE ONLY BELOW THIS LINE**

NO TRESPASSING SIGNS POSTED ON PREMISES: Yes No

Verified By: \_\_\_\_\_

Approved by: \_\_\_\_\_

Chief of Police  
Kannapolis Police Department

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

Expires One Year from Execution