

Chief J.W.Thompson  
Greensboro Police Department  
Post Office Box 3136  
Greensboro, N.C. 27402-3136

*Complete and Return To:*  
Central Division  
100 Police Plaza  
Greensboro, N.C. 27402

**Letter of Intent and Authorization for Enforcement of Trespass Law  
For Persons Violating Law or Loitering for Drug Sales**

I, \_\_\_\_\_, as Owner/Lessee/Manager (circle one) of the below listed property have posted required "NO TRESPASSING" notices which prohibit entry onto the property without authorization     during     after    normal business hours.

NAME OF BUSINESS: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ NORMAL BUSINESS HOURS: \_\_\_\_\_

\*Is your property a multi-unit residential property? \_\_ Yes \_\_ No  
(Normal business hours for multi-unit residential properties should only be such times as the Owner/Lessee/Manager is normally on the property)

I request and expressly authorize any officer of the Greensboro Police Department to ban any person found at the business listed above who is arrested at the business for any act of violence, trespassing, robbery, theft, larceny, burglary, possession or distribution of controlled substances, unlawful use of alcohol or any crime involving an act or threatened act of violence. I further authorize any officer of the Greensboro Police Department to take any of the following actions which the officer may deem appropriate under the circumstances:

1. Request unauthorized persons to leave the property
2. Arrest persons trespassing on the property
3. Issue citations or other appropriate criminal process against persons.

I authorize this specific action due to past problems regarding trespassing and other criminal activity. I or my representative, who will be an employee familiar with our posting of signs and our trespass policy, will appear for trial if necessary for any prosecution of trespassing charges issued under this authorization. If I wish to terminate this authorization prior to the three year expiration date or if my authority over this property should end, I will notify your office immediately.

\_\_\_\_\_  
(Authorizing Signature)                      (Contact Phone Number)                      (Date Signed)

Office use: Date Received: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Property Inspected for Required Compliance On: \_\_\_\_\_

\_\_\_\_\_

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