Grants Pass Department of Public Safety
TRESPASS LETTER OF CONSENT

Type of location (e.g. house, business, apartment, etc)
And/or name of business or apartment building

_____

I,_____, being the ( ) owner,   ( )* lessee or   ( )*manager
                Full legal name
of the premises located in Grants Pass Oregon, at_____
                                    Address   *ZIP code*
do hereby designate each and every Police Officer now or hereafter employed by the City of Grants Pass – Department of Public Safety as my agent for the purpose of enforcing Oregon Revised Statutes Criminal Code 164.205 to 164.270, City of Grants Pass Municipal Code and to contact and trespass individuals when the property in question is being used for other than its intended purpose ie; camping or sleeping in a vehicle in a parking lot. Community Service Officers are authorized to enforce City Municipal Codes in conjunction with this Trespass Letter of Consent.

I agree to indemnify, defend, and hold harmless the City of Grants Pass in the event of any claim for damage or injury resulting from the City's removal of trespassing subjects, except in cases of gross negligence or willful misconduct by the City of Grants Pass. I further agree to indemnify, defend, and hold harmless the City of Grants Pass in the event of any claim asserting that the undersigned did not have proper authority to exclude others from the subject premises and/or that such removal constitutes a violation of the removed party's civil rights.

I hereby request and authorize Grants Pass Department of Public Safety to request any and all persons that are believed to be trespassing, loitering, vandalizing or otherwise misusing the above referenced property, to leave the premises or issue trespass warnings as requested by any current tenant. I agree to have the persons trespassed from the entire property.

This authorization shall continue in full force and effect for one year from the date signed or revoked in writing and said writing is duly delivered to the City of Grants Pass-Department of Public Safety. Authorizations will need to be renewed annually. If the property in question or the business is sold, the owner will contact the Grants Pass Department of Public Safety and notify them of the change in ownership.

Dated this _____day of _____, 20_____

_____
Signature

_____
Printed Name

Your mailing address: _____
                      Street address

_____
City,   *State*   *ZIP*

_____
Phone #1   *Phone #2*

***If not property owner, rental agreement between owner and lessee must be provided to determine trespass rights.**

Grants Pass Dept. of Public Safety * 726 NE 7th Street * Grants Pass, OR 97526
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