STANISLAUS COUNTY SHERIFF'S DEPARTMENT

Adam Christianson, Sheriff-Coroner

250 E Hackett Road
Modesto CA 95358
(209) 525-7117

Dear Property Owner:

In response to your request for assistance in handling a trespass problem on your property, we can assist you by acting as your agent in enforcing trespass violations on your property. This allows us to order the violator off the property and, if they refuse to leave, it subjects them to possible arrest or citation.

In order to perform this function, 602(o) of the California Penal Code requires that certain conditions be met. We must have a letter on file specifically authorizing the Sheriff's Department to act as agent for the owner or person in lawful possession in enforcing the trespass laws on the property. In addition, the authorization is limited to a period not to exceed six months, which is renewable. The property must also be posted as being closed to the public.

The letter of authorization must include:

1. Dates of authorization.
   a. May be for a maximum of six months or may be renewed.

2. The request and authorization to act as your agent in enforcing trespass violation.

3. Names, addresses and telephone numbers of person(s) to contact in case of emergency or conflict.

4. Description, location of property.
   a. Attach a map if possible.

5. Signature and authority, i.e.:
   a. Owner (or)
   b. Owner's agent (or)
   c. Person in lawful possession.

Please use the attached form for your authorization.

ADAM CHRISTIANSON
Sheriff-Coroner

Penal Code 602(o) Property Trespass Violation
AUTHORIZATION FOR SHERIFF TO ACT AS AGENT

Property Address	City	Zip	Dates of Assistance

Last Name	First Name	Middle Name	Date of Birth

Residence Address	City	Zip

Mailing Address	City	Zip

Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder
			☐	☐	☐	☐

Description of Property / Miscellaneous Information and Reason for Request

Primary Alternate Contact Information

Last Name	First Name	Middle Name	Date of Birth

Residence Address	City	Zip

Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder
			☐	☐	☐	☐

Secondary Alternate Contact Information

Last Name	First Name	Middle Name	Date of Birth

Residence Address	City	Zip

Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder
			☐	☐	☐	☐

I hereby request a ☐ 30 day ☐ 180 day letter and authorize the Sheriff to act as my agent regarding any trespass violation:

Date _____ Signature _____