# Pineville Police Department
## Authorization to Act as Agent

Business/Property Owner Name: _____
Address: _____

Primary Contact:
Name: _____
Address: _____
_____
Home Phone: _____
Work Phone: _____
Cell/Pager: _____

Alternate Contact:
Name: _____
Address: _____
_____
Home Phone: _____
Work Phone: _____
Cell/Pager: _____

I hereby authorize the Pineville Police Department to act as an agent in ordering any unauthorized individual(s) to leave my premises and/or property in my absence. It is understood that the Pineville Police Department may act as my agent and order these individuals to leave my premises/property and if the individuals do not leave, the Pineville Police Department may make arrest(s) for violation of the trespass statutes N.C.G.S. 14-159.12 and 14-159.13 or any other statutes. It is further understood that I will file a complaint under this section if called upon to do so. I will also testify in court that I requested the Pineville Police Department to order unauthorized individuals or groups to leave my premises and/or property in my absence.

If I wish to terminate this authorization to act as agent, or if ownership or authority over this property should be transferred from me, I will notify the Pineville Police Department immediately.

It is understood that the Pineville Police Department does not assume any additional responsibility, accept any liability, nor promise additional services beyond the level provided presently in our jurisdiction. Authorization expires one year from the date of signing and it is the responsibility of the citizen to execute a new form if continuation of authorization is desired.

Name (please print): _____
Signature: _____ Date: _____

State of North Carolina
County of Mecklenburg
I, _____, Notary Public for the said county and state do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the above instrument.
Witness by hand and notarial seal this _____ day of _____, 20____.
My commission expires _____.
_____, Notary Public

Effective Date: _____ Termination Date: _____