AUTHORIZATION TO ACT AS AGENT

To.: Stedman Police Department
Town of Stedman, North Carolina

I hereby authorize each sworn officer of the Stedman Police Department to act as agents in ordering any unauthorized person(s) to leave my premises and/or property in my absence within the enumerated hours. I have not given anyone permission to drink alcoholic beverages on the premises described above. It is understood that the officers of the Stedman Police Department will act as my agents and order these individuals to leave my premises/property; and it is further understood that if these individuals do not leave the officers of the Stedman Police Department will make arrests for violation of North Carolina General Statute 14-159.12 (Trespassing), or any other applicable statutes. It is also understood that I may be called on to sign a complaint pursuant to this agreement, and I agree to testify in court that I have authorized the Stedman Police Department and its officers to order individuals or groups to leave the premises described herein (vacant lot, occupied business or vacant house, etc.) during the enumerated hours.

Hours of enforcement: __ until __ or 24 hours a day. (Hours during which absolutely no one is permitted to be on the property).

If I wish to terminate this authorization to act as agent prior to the one-year expiration date or if any ownership or authority over this property should terminate, I will notify the police department immediately.

Business Name: _____

Address: _____

Signature: _____

Printed Name: _____

Phone number: _____

"NO TRESPASSING" SIGNS UP: YES_ NO_

(The signs must be displayed before enforcement can begin)

STATE OF NORTH CAROLINA
CUMBERLAND COUNTY

I, _____ _, a Notary Public 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 notarial seal this ___ day of _____ _, ____ _

_____ (SEAL)

Notary Public

My Commission expires: