Athens-Clarke County Police Department

AUTHORIZATION TO SEARCH EXTERIOR OF PREMISES

ACPD-0005
FORM NUMBER
12/2016
REVISION DATE

This form is used to authorize officers of the Athens-Clarke County Police Department to enter upon private property for the purpose of deterring drug sales or other illegal activities which may be occurring.

Business Name/Occupant: _____

Property Address: _____

Contact Person: _____ Phone: _____

E-Mail: _____

Other Emergency Contact: _____ Phone: _____

I have experienced these problems at my property due to presence of unauthorized persons (mark all that apply): ☐ Drinking ☐ Trespassing ☐ Littering ☐ Illegal Drug Activity ☐ Vandalism ☐ Disorderly Conduct/Noise Complaints ☐ Other: _____

This activity affects me/my property in the following way(s): ☐ Property Damage ☐ Loss of Business/Customers ☐ Loss in Property Value ☐ Other: _____

As ☐ OWNER ☐ AGENT ☐ RESIDENT ☐ TENANT of the property located above, I request that officers of the Athens-Clarke County Police Department enter upon the exterior premises of the above property to retrieve contraband, weapons, or evidence; to install, maintain or remove electronic surveillance equipment; and to identify and remove any unauthorized person(s) from the location for the purpose of deterring drug sales or other illegal activities which may be occurring. This authorization to search or surveil the exterior of premises is limited to grounds accessed by or accessible to unauthorized persons for the purpose of possessing, distributing, or concealing contraband or evidence or otherwise engaged in unlawful activities.

This authorization is valid for a maximum of twelve (12) months from the date of issuance, unless otherwise revoked in writing to the Chief of Police, beginning on _____ and continuing through _____. I understand that this authorization does not establish any special relationship with the Athens-Clarke County Police Department, the Unified Government of Athens-Clarke County or any of its officers or agents.

Signed this _____ day of _____, 20_____.

_____ _____

Authorized Representative Officer Number