

## Trespass Letter of Consent for a Specific Individual

l,	, person in charge of the business or premises known as
, located at	t, do hereby
designate each and every police officer, now and herea	after, employed by the City of Albany as my agent and representative 4.255 (Criminal Trespass) of the Oregon Revised Statute.
a known named individual. The responsible party abo	on your behalf to immediately resolve an ongoing trespass issue with eve affirms that the individual(s) listed below has been notified that ot to return. A full name (first and last name) and a date of birth is
Name:	Date of Birth:
Trespassed for: 6 months 1 Year	☐ Indefinitely
Name:	Date of Birth:
Trespassed for:	ndefinitely
This authorization shall continue in full force and effect until such Police Department.	time as it is revoked in writing and said writing is duly delivered to the Albany
I consent to the Albany Police Department using technology, included the related evidence captured and retained will be used in court	ding small, unmanned aircraft systems (sUAS), during the investigation. Data and t processes in accordance with Federal, State, and local laws.
Dated the day of, 20	
Signature of Responsible Party:	
Printed Name:	
Home Address:	
Email:	Phone:
Other Contact Information:	
	forms can be returned to:

Albany Police Department
Trespass Letter
2600 Pacific Blvd SW
Albany, OR 97321

Email: PoliceRecords@albanyoregon.gov Fax: 541-928-6692					
Office Use Only:	Records:	Laserfiche:	Dispatch:	A107	