



City of Rogue River Police Department

133 Broadway
Rogue River, OR 97537
PO Box 1137
541-582-4931
FAX 541-582-4984

TRESPASS AGREEMENT

Business: _____

Location: _____

Mailing Address: _____

Commercial Property/Security Company Name _____

Address: _____

Commercial Complex Name: _____

Date _____ Expiration _____ None

This application is for the period _____ to _____

Please complete the application and the Records Division will process the application and return a copy of the agreement to your business.

This application requires an annual review of each business location and updates the owner and or lawful possessor of the property. In the event there is a change of ownership/management please notify the Records Division of the Rogue River Police Department, (541-582-4931)

Review the following document:

I am the owner or lawful possessor of the following property in Rogue River:

Business Name: _____

Address: _____

Telephone Number: _____

Owner/Manager Signature: _____

No person is permitted to be upon the above property during the following hours.

_____ (AM) (PM) _____ (AM) (PM) ALL Hours

I hereby request and authorize the Sworn Officers of the Rogue River Police Department to act as my agents to request any and all persons, to leave the premises described above during the hours indicated and to issue trespass citations to those on the premises. I also understand that it may become necessary for me to appear in court and give testimony in any case filed as a result of the authority delegated by this letter, and I agree to do so.

The following persons may be contacted in the event further information or assistance is needed:

(1) Person in Charge: Name: _____
Telephone: _____

(2) Person in Charge: Name: _____
Telephone: _____