

## LAKE STEVENS POLICE DEPARTMENT

## TRESPASS ENFORCEMENT AUTHORIZATION

My/Our name is	, I am the
•	(Manager, Owner, Tenant, Etc.)
This letter concerns:	
Property Address:	
Which is a(Type of Building, i.e. apartments, business, residence	ee etc.)
	Forcement personnel of the Lake Stevens Police Department to operty located in the City of Lake Stevens for purposes of ington (Initial and Date)
the person lawfully in charge of my/our property lo notice and enforcement of the trespassing laws of the	ent personnel of the Lake Stevens Police Department to serve as scated in the City of Lake Stevens for purposes of serving writtene State of Washington RCW 9a.52.080 and 9a.52.070. This is civity on my property (Initial and Date)
	ion will be retained on file with the Lake Stevens Police rement and authorization to act as my/our agents may be tten notice regarding such rescission.
Signature	 Date
-	ens Police Department will try to handle matters in such a way e necessary for me to appear and testify in court. I agree to appear if it is necessary the subpoena should be sent to:
(Full Name)	
(Address)	
(City, State, Zip code)	
(Phone)	