

**AUTHORIZATION FOR KALAMAZOO PUBLIC SAFETY OFFICERS TO
INVESTIGATE, CITE, AND ARREST TRESPASSERS**

I, _____, am the OWNER / AGENT / TENANT of the premises located at _____, Kalamazoo, MI, _____, which is a RESIDENCE / BUSINESS: _____.

Because I have experienced the following problems at this premises including:

- Defecating/Urinating Drinking Littering Illegal Drug Activity Vandalism
 Noise Disorderly Conduct, Explain: _____.

For a period of one year, I authorize Kalamazoo Public Safety Officers to investigate, cite, and arrest all trespassers who:

Have been banned from the premises;

1. Name: _____ DOB: ___/___/___
Banned by: _____ Date: ___/___/___ Time: _____ hrs
2. Name: _____ DOB: ___/___/___
Banned by: _____ Date: ___/___/___ Time: _____ hrs
3. Name: _____ DOB: ___/___/___
Banned by: _____ Date: ___/___/___ Time: _____ hrs

- Remain on the premises after being forbidden to so; or
 Enter the premises without lawful authority when “No Trespassing” signs are conspicuously posted. The use of “No Trespassing” signs is strongly encouraged.

The following people have permission to be on the premises: _____

Furthermore, I agree to:

- Indemnify the City of Kalamazoo, the Kalamazoo Department of Public Safety, its officials and employees from all liability, claims, and expenses, which may arise under this authorization;
 Notify Kalamazoo Public Safety in person at 150 E Crosstown Pkwy if there are any changes affecting this authorization including ownership, occupancy, and persons permitted to be on the property; and
 Assist in prosecution.

Person Giving Authorization:

Signature: _____
Name: _____ DOB: ___/___/___
Address: _____
Home (____)____-____ Work (____)____-____ Cell (____)____-____

Officer Completing Form:

Name: _____ ID Number: _____
A Number: _____ Today's Date: ___/___/___