



ADMIN USE ONLY	
Received by:	
Date rec'd:	Sign No(s):

TRESPASS ENFORCEMENT AUTHORIZATION

I, _____, as the property owner or person having lawful control over
(Print Name)

_____, located at _____, Norman, OK, _____,
(Business name) (Street address) (Zip code)

Hereby designate each and every Police Officer, now and hereafter, employed by the City of Norman as my agent and representative for the purpose of enforcing Norman City Code Section 24-505 (Trespass; Illegal Entrance; Exceptions). This authorization shall expire at the end of the calendar year in which this authorization became effective, unless revoked in writing prior to the expiration date.

I understand that in order for Police Officers to enforce the above section of the City’s Code using this authorization, I must post a sign or marking in a clearly visible area that forbids loitering or trespassing in the designated area and that I must use dedicated signage provided by Norman PD. I must also furnish PD with the following documentation:

- Print-out of a map showing both (1) the property boundary of the subject property (see attached “Trespass Enforcement Authorization Information and Questions” for more information) and (2) the proposed location of where on the property the signage will be placed.
- Copy of the property’s current deed, lease, or other document evidencing ownership or control of the property.

By signing this document, I am affirming that I am representative of the business listed above and that I have the appropriate legal authority to enter into this agreement. I or my authorized agents will cooperate fully in the prosecution of anyone who is arrested for a violation of any local or state law, including trespassing or vandalism. I have also read and understand the attached Trespass Enforcement Agreement Information and Instructions.

Only original signed document will be accepted.

Primary business hours phone number _____

After hours emergency phone number / message phone _____

Authorizing agent’s email address _____

Title of authorizing agent _____

Signature of authorizing agent _____ Date: _____

STATE OF OKLAHOMA
CLEVELAND COUNTY

On this _____ day of _____, 20____, the above signed personally appeared before me and affirmed that they are signing this document for the purposes stated herein and that they are signing in their representative capacity, having legal authority to sign this agreement on behalf of the entity identified herein.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

MY COMMISSION NUMBER: _____