



City of San Luis Obispo
Standard Form 602(o) pc

STATEMENT OF OWNERSHIP / PERMISSION TO ENTER LAND AND REQUEST FOR
ASSISTANCE TO ENFORCE TRESPASSING LAWS

This letter is intended to provide the City of San Luis Obispo and its representatives, permission to enforce trespassing laws within and upon the below listed property. As a result, I state the following.

I, _____ (hereinafter the "Owner") have an ownership interest in the
(Property Owner's Name)
land, or am an agent of the owner of the land, or am the person in lawful possession of the land at the
following street address: _____ in the City of San Luis Obispo.
(Street Address)

As the owner, owner's agent, or person in lawful possession of the property with the address given below, I authorize representatives of the City of San Luis Obispo to enter upon the property and act as my agent for the purpose of requesting trespassers to leave the property and to otherwise enforce California Penal Code Section 602(o) pc at all times when property is closed to the public and posted as being closed. I further authorize representatives of the City of San Luis Obispo to enter upon the property for the purposes of enforcing any other relevant criminal statutes and/or San Luis Obispo municipal code provisions. The authorization shall remain in effect unless terminated by either party or a change in the property owner information occurs.

I also consent to the collection of the following information into a San Luis Obispo city database for access by appropriate law enforcement personnel in the enforcement of applicable laws within the city.

OWNER/ PROPERTY INFORMATION

Property Classification (circle one): Business Private

Location name: _____ Location phone: _____

Location address: _____

Owner's name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell phone: _____ After hours contact: _____

Email: _____

PLEASE FILL OUT BACKSIDE OF FORM

AGENT INFORMATION



Check if same as above.

Business name: _____

Name: _____ Title: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell phone: _____ After hours contact: _____

Email: _____

Reason for 602 Form to be filed: _____

Area to be enforced: _____

Signature: _____ Date: _____

Name (please print): _____

**This authorization is valid for twelve (12) months from the signature date.
To renew this authorization you can you can submit a new form through the following
link:**

<http://www.slocity.org/government/department-directory/police-department/faq-police>

Once your application is complete, you may email it to csteeb@slocity.org, fax your application to 805-543-8108, bring it to the Police Department directly, or mail it to the address below:

**City of San Luis Obispo
Police Department
Attn: Dispatch
1042 Walnut Street, San Luis Obispo, CA
93401-2729
(805) 781-7317**