



# CORONA POLICE

Robert Newman, Chief of Police

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**PLEASE PRINT LEGIBLY**

**DATES OF AUTHORIZATION:** From \_\_\_\_\_ To \_\_\_\_\_

**The below Requester is the:**  owner  owner's agent  person in lawful possession of the property at:

**ADDRESS:**

Street \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The above property is a:**  residential dwelling  business  vacant lot  other \_\_\_\_\_

In accordance with California Penal Code section 602(o), I authorize any peace officer of the Corona Police Department to enter the above property and to arrest for trespassing, under California Penal Code section 602, any persons found on the property without my consent or without lawful purpose. **Check Applicable Paragraph:**

- The listed person, \_\_\_\_\_, has been formally advised reference PC 602(m) (lack of consent) at the location.
- The above-described property is closed to the general public and is currently posted as being closed to the general public with "NO TRESPASSING" or similar signage. (authorization valid for 6 months)
- The above-described property is not open to members of the general public between the hours of \_\_\_\_\_ and \_\_\_\_\_, and is currently posted with signs indicating the property is closed to members of the general public between the hours of \_\_\_\_\_ and \_\_\_\_\_. (authorization valid for 6 months)
- I will be absent from the above-described property for \_\_\_\_\_ days (may not exceed 30 days) commencing on \_\_\_\_\_ and returning on \_\_\_\_\_.

I or my authorized agent will cooperate fully in the prosecution of anyone who is arrested pursuant to this authorization for violation of any local or state law, including trespassing or vandalism. In addition to my contact information below, the following persons may be contacted and are authorized to respond in my absence:

**CONTACTS:**

Name \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

**I certify under penalty of perjury that the information on this form is true and correct:**

**REQUESTER:**

Signature \_\_\_\_\_ Date Executed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Responsible Zone:

Date Dispatch Notified: \_\_\_\_\_ CPD Employee: \_\_\_\_\_ I.D.# \_\_\_\_\_

Date of CAD Entry: \_\_\_\_\_ Dispatcher: \_\_\_\_\_ I.D.# \_\_\_\_\_