TRESPASS LETTER OF CONSENT

Name of location:		Type of location:	
<i>Location Address</i> : If only submitting one a	ddress (attach addi	tional sheet of other addre	esses)
Company Name (if ap	plicable)		
First Name		Last Name	
Mailing Address			
City		State	Zip
Business Phone	Fax	Home Phone	Cell Phone
Email #1		Email #2	
l certify that I have the () Owner	authority to file such () Lessee		age Grove Police Department () Other
Other			

By submitting this document I do hereby designate each and every police officer now or hereafter employed by the City of Cottage Grove as agent for the purpose of enforcing, ORS 164.245 and 164.255. This authorization shall continue in full force and effect until such time as it is revoked in writing and said writing is duly delivered to the Cottage Grove Police Department.

Signature _____ Date _____

Email _____