



Stanislaus County Sheriff's Office

Jeff Dirkse
Sheriff-Coroner

Dear Property Owner:

In response to your request for assistance in handling a trespass problem on your property, we can assist you by acting as your agent in enforcing trespass violations on your property. This allows us to order the violator off the property and, if they refuse to leave, it subjects them to possible arrest or citation.

In order to perform this function, 602(o) of the California Penal Code requires that certain conditions be met. We must have a letter on file specifically authorizing the Sheriff's Department to act as agent for the owner or person in lawful possession in enforcing the trespass laws on the property. In addition, the authorization is limited to a period not to exceed twelve months, which is renewable. The property must also be posted as being closed to the public.

The letter of authorization must include:

1. Dates of authorization.
 - a. May be for a maximum of twelve months or may be renewed.
2. The request and authorization to act as your agent in enforcing trespass violation.
3. Names, addresses and telephone numbers of person(s) to contact in case of emergency or conflict.
4. Description, location of property.
 - a. Attach a map if possible.
5. Signature and authority, i.e.:
 - a. Owner (or)
 - b. Owner's agent (or)
 - c. Person in lawful possession.

Please use the attached form for your authorization. Forms can be mailed or returned in person to 250 E. Hackett Rd, Modesto CA 95358.

JEFF DIRKSE
Sheriff-Coroner



Penal Code 602(o) Property Trespass Violation AUTHORIZATION FOR SHERIFF TO ACT AS AGENT

RESIDENTIAL

COMMERCIAL

Property Address / APN		Ste/ Sp /Apt	City	Zip	Dates of Assistance	
Last Name		First Name	Middle Name	Date of Birth		
Residence Address			City	Zip		
Mailing Address			City	Zip		
Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder

Description of Property / Miscellaneous Information and Reason for Request

Primary Alternate Contact Information

Last Name		First Name	Middle Name	Date of Birth		
Residence Address			City	Zip		
Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder

Secondary Alternate Contact Information

Last Name		First Name	Middle Name	Date of Birth		
Residence Address			City	Zip		
Primary Phone	Secondary Phone	Check one:	Property Owner	Property Manager	Caretaker	Key Holder

I hereby request a 30 day 180 day 12 month letter and authorize the Sheriff to act as my agent regarding any trespass violation:

Date _____ Signature _____

For Department use Only

_____ Date _____ Lieutenant or Authorized representative _____ Approved Denied

Comments: