

# Forest City Police Department

## Authorization to Act as Agent

Date of Application: \_\_\_\_\_

Name of Premises: \_\_\_\_\_

Type of Premesis: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Use reverse side to show exact location, if necessary)

### Primary Person to Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Alternate Person to Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby authorize the Forest City Police Department to act as management in ordering any unauthorized individual(s) to leave my premises and/or property during **(non-business hours)** or **(anytime)**. **(Please circle desired option.)** It is understood that the Police Department will act as my agent and order these individuals to leave my premises/property; and it is understood that if these individuals do not leave, the Forest City Police Department will make arrests for violations of the trespass statute, NCGS 14-159.13, or other statutes. It is further understood that I may be called on to sign a complaint under this section, and I hereby agree to do so. I will testify in a court that I requested the Forest City Police Department in my absence to order unauthorized individuals or groups to leave my premises and/or property. I agree to indemnify and to save and hold harmless the Forest City Police Department, Town Police Officers, the Town of Forest City, and all Town Officials from any and all liability, costs and damages arising from any actions taken as my agent pursuant to the authorization.

If I wish to terminate this Authorization to Act as Agent or if ownership or authority over this property should be transferred from me, I will notify the Forest City Police Department immediately in writing.

Signature: \_\_\_\_\_

**STATE OF NORTH CAROLINA**

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the above instrument. Witness my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_ My commission expires \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_