

**AUTHORIZATION FOR
CHAPEL HILL POLICE DEPARTMENT
TO ACT AS AGENT**

I, _____, am the owner or person in charge of
the premises at _____ (address),
consisting of _____
(e.g. vacant lot, unoccupied building, office, commercial enterprise).

I hereby authorize all sworn officers of the Chapel Hill, North Carolina Police Department to act as my agents in ordering individuals to leave the premises described above, under the following circumstances:

- (1) If the premises consist of a vacant lot or an unoccupied building, persons may be ordered to leave at any time.
- (2) If the premises consist of a business, office, or other commercial enterprise, persons may be ordered to leave during any time other than the hours of operation of such enterprise.

I understand that Chapel Hill Police Department officers may act as my agents in ordering persons to leave the premises described above and that, if such persons do not leave when so ordered, they may be arrested for violation of the trespass statutes, NCGS 14-159.12 or 14-159.13, or other applicable laws. If persons are arrested pursuant to this authorization, I agree to appear in court if requested and to testify that I have authorized Chapel Hill Police Department officers to act as my agents as provided herein.

I understand that this agreement in no way constitutes a promise of protection or creates a special duty to protect by the Chapel Hill Police Department, nor does it imply any special relationship between the Department and any individuals or businesses, beyond the specifically stated authorization for Chapel Hill Police officers to act as my agent in ordering persons to leave the premises described above.

This authorization shall be effective as of the date of the signature of the Chief of Police, and shall remain in effect until terminated by me in writing or by the Chapel Hill Police Department. I agree to notify the Chief of Police at least ten (10) days before my ownership or other authority as to this property ends, at which time this authorization will terminate.

Printed Name _____ Title _____

Signature _____ Date _____

Witness _____ Date _____

Address of signer _____

Telephone numbers of signer (Home) _____ (Cell) _____

Signature of Chief of Police _____ Date _____

Deliver or Mail to:
Chapel Hill Police Department
828 Martin Luther King Jr. Blvd.
Chapel Hill, NC 27514