

## NOTICE OF AGENCY OFFICIAL NOTICE

DATE:	 /	/

Name of Business (if applicable):				
Name of property owner, lessee, or person-in-charge of the business or private property:  Address of private property or Business premises:	(Please Print)			
, am the actual owner of the property, lessee, or person in charge of the private property or business premises. I hereby authorize the below described person or organization to act as my Agent for the sole purpose of serving the Notice of Trespass pursuant to Sacramento City Code section 9.16.140 and California Penal Code section 602(k).				
(Name of person or organization author	urity PPO 120903 rized to act as my Agent)			
	590 Gold River, CA 95670			
(Address of person or organization au	norized to act as my Agent)			
916-718-6800				
(Phone number of person or organization	on authorized to act as my Agent)			
against individuals who were served a Notice of Agency. I further understa	testify in a future criminal proceeding regarding charges brought Notice of Trespass by the Agent I have designated pursuant to this at that at this proceeding I will be asked to testify as to how the Notice of Trespass have injured my property or have interfered, usiness carried on by the premises.			
property, lessee, or person-in-charge grant Agency to the above person of	t I understand the above, and that I am the actual owner of the of the private property or business premises and am authorized to organization for the purposes of serving the Notice of Trespass section 9.16.140 and California Penal Code section 602(k).			
Dated this	day of , 20 , at			
(city)	(state)			
(print name)	(signature)			
24 Hour Dhone Num	, -			