



## Trespass Agreement

**"I hereby request and authorize the sworn officers of the Medford Police Department to act as my agents to request any, and all persons to leave the premises described below during the hours indicated, and/or to issue trespass citations to those on the premises. I also understand that it may become necessary for me to appear in court and give testimony in any case filed as a result of the authority delegated by this letter, and I agree to do so". In the event of a change in ownership or management, please notify the Medford Police Department.**

Today's Date: \_\_\_\_\_

**By signing your name, you are stating: "I am the owner or lawful possessor of the below property in Medford, Oregon. I acknowledge that false certification is unlawful."**

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

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

Location Address or Tax Lot ID: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Trespass Agreement Enforcement Timeframe:** This section of the agreement outlines the specific timeframes during which officers are authorized to enforce the terms. Officers may address unauthorized or illegal activity on the property at any time within these designated hours, whether they receive a call for service or directly observe the activity on the premises.

**Agreement Expiration:** \_\_\_\_\_  None

**Days of the Week:** \_\_\_\_\_ to \_\_\_\_\_  Everyday **Hours of the Day:** \_\_\_\_\_  All Hours

**Use of Drone Footage:** "I grant authorization to the Medford Police Department to deploy, operate, and retrieve Small Unmanned Aircraft Systems (drones) for additional patrols over the specified property in this trespass agreement. These patrols aim to identify unauthorized individuals on the premises and to detect potential criminal activities such as trespassing, arson, burglary or thefts occurring within the property's structures as per ORS 837.330"

**\*PLEASE CHECK THE BOX TO GRANT AUTHORIZATION\***

**Contact Information for Person/s in Charge:** In this section of the trespass agreement, please provide us with a prioritized list of points of contact. This list should include the primary individual we can reach out to for assistance and additional contacts should further information or escalation be necessary.

1st. Point of Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2nd. Point of Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3rd. Point of Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Security Company and/or Property Manager:** The contact information provided for the security company and/or property manager will be utilized to ensure effective communication and collaboration when additional details or assistance is needed regarding their work. This may include follow-ups on reported incidents, clarification of security measures, or coordination on trespass agreements and other property-related matters. The goal is to streamline efforts to maintain safety and security.

Security Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_