



**City of San Luis Obispo**  
**Standard Form 602(o) pc**  
**STATEMENT OF OWNERSHIP / PERMISSION TO ENTER LAND AND REQUEST FOR**  
**ASSISTANCE TO ENFORCE TRESPASSING LAWS**

This letter is intended to provide the City of San Luis Obispo and its representatives, permission to enforce trespassing laws within and upon the below listed property. As a result, I state the following.

I, \_\_\_\_\_ (hereinafter the "Owner") have an ownership interest in the  
(Property Owner's Name)  
land, or am an agent of the owner of the land, or am the person in lawful possession of the land at the  
following street address: \_\_\_\_\_ in the City of San Luis Obispo.  
(Street Address)

As the owner, owner's agent, or person in lawful possession of the property with the address given below, I authorize representatives of the City of San Luis Obispo to enter upon the property and act as my agent for the purpose of requesting trespassers to leave the property and to otherwise enforce California Penal Code Section 602(o) pc at all times when property is closed to the public and posted as being closed. I further authorize representatives of the City of San Luis Obispo to enter upon the property for the purposes of enforcing any other relevant criminal statutes and/or San Luis Obispo municipal code provisions. The authorization shall remain in effect unless terminated by either party or a change in the property owner information occurs.

I also consent to the collection of the following information into a San Luis Obispo city database for access by appropriate law enforcement personnel in the enforcement of applicable laws within the city.

**OWNER/ PROPERTY INFORMATION**

Property Classification (circle one):            Business            Private

Location name: \_\_\_\_\_ Location phone: \_\_\_\_\_

Location address: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ After hours contact: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE FILL OUT BACKSIDE OF FORM**

AGENT INFORMATION



Check if same as above.

Business name: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ After hours contact: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for 602 Form to be filed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area to be enforced: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Name (please print): \_\_\_\_\_

**This authorization is valid for six (6) months from the signature date.  
To renew this authorization you can you can submit a new form through the following  
link:**

<http://www.slocity.org/government/department-directory/police-department/faq-police>

City of San Luis Obispo  
Police Department  
1042 Walnut Street, San Luis Obispo, CA 93401-2729  
(805) 781-7317