

City of Yakima
Police Department

Shawn Boyle, Chief of Police

200 S. 3rd Street
Yakima, Washington 98901

Telephone (509) 575-6200 Fax (509) 575-6007



Shawn Boyle
Police Chief
Yakima Police Department
200 S. 3rd Street
Yakima, WA 98901

ATTENTION: Patrol Division Commander

Dear Chief Boyle,

I, _____ as the owner/manager of property located at
Name

_____, or known as _____,
Address Business Name

in the City of Yakima, do hereby request and authorize members of the Yakima Police Department, in their official capacity, to enter my property and request person(s) found upon the property who do not reside there and/or "without legitimate/lawful purpose," to leave the property and to otherwise enforce the City Trespass Ordinance. The term, "property," means the exterior, including the parking lot, of the address listed above.

The purpose of this request and authorization is to discourage criminal activity from occurring on the above property. In the event an individual(s) refuses to leave my property upon the request of a Yakima Police Department Officer, I agree to cooperate and support the prosecution for violation of Yakima Municipal Code, Chapter 6.47, "Trespass Crimes," or any other crime discovered during contact. Myself, or a representative may be contacted after normal business hours by means of the information provided on page two of this letter.

I understand that the Yakima Police Department has limited resources and may not be able to patrol my property on a regular basis. This grant of authority does not create a duty on behalf of the Yakima Police Department to ensure that my property is free of trespassers and does not relieve me of the responsibility to monitor my property and call the Yakima Police Department if I discover trespassers on my property. **I hereby waive any legal claims against the City of Yakima that may arise as a result of law enforcement action consistent with the above grant of authority.**

I authorize the Yakima Police Department to verify my information through the Department of Licensing records and to publish this letter on the Police Case Management system for access by all officers in the field. I understand that I may cancel this grant of authority at any time by submitting a request in writing by mail or in person at the Yakima Police Department Services Desk located at 200 S. 3rd Street, Yakima WA 98901.

Records Use Only ☐

Clerk/Officer Badge: _____

Address Number: _____

Name Number: _____

Premises Number: _____

Business Number: _____

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CERTIFIED STATEMENT

I, _____, am the Owner/Manager of the property listed above. I hereby certify under penalty of perjury under the laws of the State of Washington that I have read the statement above and I have the authority to execute this document.

DATED this ____ day of _____, 20____, at _____ Washington.
Location Signed

Owner/Manager Signature

Effective Date (Today's date)

An electronic signature is not acceptable. Please print form, sign, and return to our department by mail or bringing to YPD.

**THIS TRESPASS AUTHORIZATION WILL EXPIRE 3 YEARS
FROM EFFECTIVE DATE ABOVE**

REQUIRED CONTACT INFORMATION

Last Name _____ First Name _____ MI: _____

Owner: ☐ Manager: ☐ Other: _____

Home Address: _____
(Provide the physical address where you currently live/reside)

City _____ State: _____ Zip: _____

Contact DOB: _____ Gender: _____ Ethnicity _____

Driver's License Number: _____
(If possible, obtain photo copy of driver's license & attach letter)

Work Phone: _____

Cell Phone: _____

Email Address: _____