Metropolitan Nashville Police Department



Authorization to Enforce and Prosecute Criminal Trespass Violations

I,	, the o	wner or perso	n having the authority	of the owner, do	
hereby give members of the	he Metropolitan Na	ashville Police	Department permission	on to act as my	
agents in enforcing Tenne		ted § 39-14-40	35, Criminal Trespass,	and prosecuting	
person(s) for trespassing of	on my property.				
The business name is			and is located at	and is located at	
	(Please Print)		und is isource at		
(Street Address)		(21.)	, Davidson County,	TN	
(Street Address))	(City)		(Zip Code)	
The purpose of this author		the Metropoli	tan Nashville Police D	epartment in	
their efforts to prevent cri	me in Nashville.				
As a part of this authoriza	, ,	-	-	0 0	
that are visible at all majo attention of a person enter		to the property	y so mai mey are likely	to come to the	
attention of a person enter	ing thereon.				
I UNDERSTAND THAT T	HIS WILL REMAIN	IN FORCE FO	OR ONE YEAR FROM	THE	
EFFECTIVE DATE, BELO	W, UNLESS RESCI	INDED IN WR	ITING BACK TO THE	- <u></u> -	
PRECINCT. SHOULD BU				ELOCATE, I	
AGREE TO NOTIFY THE	AFFECTED PRECI	NCT IMMEDI	ATELY.		
			Effective Date:		
			Effective Date.		
(Signature of Owner, Manager, or Des	signee)				
(Street Address)					
(Succe Address)					
(City, State, and Zip Code)					
(Business Phone Number)					
(Business I none (vulnoer)					
(After Hours Contact Number)					
(Alternate Contact – Name/Phone Nu	mbar)				
(Alternate Contact – Name/Filone Nui	miber)				
(Email Address)					
			Sworn to and su	abscribed before me	
		1	This day of		
				Notary Publi	
			My commission exp	ores:	