

City of Santa Fe No Trespassing Authorization Form

| I, | am the owner, the owner's | agent, or the person in lawful |
|--|---------------------------|--------------------------------|
| possession of the property located at | | |
| in the City of Santa Fe. I request that City personnel remove trespassers from this property. The persons listed below are the only people permitted on the property. Anyone else present is unauthorized, and I would like them to be | | |
| | | |
| | | |
| Only these individuals listed are permitted to be on the property and anyone else are trespassing: | | |
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| | | |
| Property Owner First and Last Name: | | |
| Mailing Address: | City: | State: Zip: |
| Telephone Number: | mail Address: | |
| Signature: | | |
| | | |
| I am willing to testify, if necessary, that the Police Department make any arrests of unauthorized persons on | | |
| my property. | | |
| I agree and acknowledge the statement above. | | |
| I do not agree with and acknowledge the statement above. | | |
| | | |
| When complete, please email this form to Isabella Sharpe, ilsharpe@santafenm.gov | | |
| | | |
| City Official Use: | | |
| City of Santa Fe Witness Name: | | Date: |
| Signature: | | |
| 2.3 | | |