



City of Yakima Police Department

Dominic Rizzi, Chief of Police

200 South Third Street
Yakima, Washington 98901

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



OWNER / MANAGER CONTACT INFORMATION

The following information is required so that the owner / manager's name record can be associated with the property or business.

- Last Name: _____ First Name: _____ MI: _____
- Owner: Manager:
- Address: _____ City: _____ State: ___ Zip: _____
- Contact DOB: _____ Gender: _____ Ethnicity: _____
- Driver's License Number: _____
If possible, obtain photo copy of driver's license & attach to letter.
- Work Phone: _____
- Home Phone: _____
- Cell Phone: _____

IF MULTIPLE ADDRESSES ARE BEING SUBMITTED AT THE SAME TIME

PLEASE HAVE OWNER / MANAGER COMPLETE A SEPARATE TRESPASS BUSINESS LETTER FOR EACH INDIVIDUAL PROPERTY THAT HAS A SEPARATE PHYSICAL ADDRESS.

THE OWNER / MANAGER DOES NOT NEED TO FILL OUT THEIR CONTACT INFORMATION ON THE BACK OF SUBSEQUENT TRESPASS BUSINESS LETTERS THAT ARE BEING SUBMITTED AT THE SAME TIME. PLEASE STAPLE ALL ADDITIONAL TRESPASS LETTERS TO THE LETTER THAT CONTAINS THE OWNER / MANAGER CONTACT INFORMATION.





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Chief Dominic Rizzi
Yakima Police Department
200 South 3rd Street
Yakima, WA 98901

Clerk / Officer Badge: _____
Address Number: _____
Name Number: _____
Premises Number: _____
Business Number: _____
Date Processed: _____

ATTENTION: Patrol Division Commander

Dear Chief Rizzi,

I, _____ as the (owner) (manager) of property located at
_____, or known as _____,

in the City of Yakima, do hereby request and authorize members of the Yakima Police Department, in their official capacity, to 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.

I agree to cooperate in and support the prosecution of those persons who refuse to leave upon request as provided by Yakima Municipal Code, Chapter 6.47, "Trespass Crimes".

The purpose of this request and authorization is to discourage criminal activity, (i.e. trespassing, vandalism, theft, littering, fighting, minors consuming alcohol, illegal drug trafficking and gang activity) from occurring on the above property.

Myself or a representative may be contacted at the listed above address or by telephone at () _____ after normal business hours.

(Owner)(Manager) Signature

Effective Date

This Trespass Authorization will expire 3 years from the effective date

***** COMPLETE BOTH SIDES OF THIS FORM *****

