

TRESPASS LETTER OF CONSENT APPLICATION

FOR OFFICE USE ONLY		
EXPIRATION DATE-MO/YR	STREET ADDRESS	PERMIT NO.
DATE ENTERED	ENTERED BY	

<input type="radio"/> INITIAL APPLICATION	<input type="radio"/> RENEWAL APPLICATION		
PROPERTY NAME _____			
PROPERTY ADDRESS _____ INDEPENDENCE, OR 97351			
BUSINESS PHONE _____	AFTER HOURS PHONE _____		
APPLICANT NAME _____	DATE OF BIRTH _____		
MAILING ADDRESS, IF DIFFERENT THAN ABOVE _____	CITY _____ ZIP _____		
HOME PHONE _____	BUSINESS PHONE _____	CELL PHONE _____	EMAIL ADDRESS _____

<input type="radio"/> INITIAL APPLICATION	<input type="radio"/> RENEWAL APPLICATION		
OWNER NAME _____			
PROPERTY ADDRESS _____			
DATE OF BIRTH _____ INDEPENDENCE, OR 97351			
BUSINESS PHONE _____	AFTER HOURS PHONE _____		
MAILING ADDRESS, IF DIFFERENT THAN ABOVE _____	CITY _____ ZIP _____		
HOME PHONE _____	BUSINESS PHONE _____	CELL PHONE _____	EMAIL ADDRESS _____

By affixing my signature to this document I am identifying myself as the responsible party for the property listed above and do hereby designate each and every police officer employed by the City of Independence as my agent and representative for the purpose of enforcing ORS 164.245 of the Oregon Revised Statutes.

I further understand and agree that as the responsible party for the property, I will:

- Appear in a court of law for any proceedings related to the enforcement of this TLC.
- Notify any other occupants or tenants of my participation in the TLC program.
- Immediately notify the police department of any changes to property status.

Unless revoked by the City of Independence, this authorization shall continue in force for one year from the first day of the month in which the authorization was granted. (e.g., an application approved on October 15 will expire October 1 of the following year.)

APPLICANT SIGNATURE: _____ **DATE:** _____

SECONDARY CONTACT FOR APPLICANT – REQUIRED

SECONDARY CONTACT _____	DATE OF BIRTH _____	
HOME PHONE _____	BUSINESS PHONE _____	CELL PHONE _____