**Gwinnett County Police Department**

**Criminal Trespass Authorization**

**Re: PREMISES located at**

 **Business Name (Optional):**

**Address:**

**City: State: Zip Code:**

I hereby certify that I am the owner or rightful representative of the owner of these premises above, and I have this day authorized all of the officers of the Gwinnett County Police department to enter and patrol my property and determine in their sole discretion if persons present on my property are trespassing and to act as my lawful and authorized representative in the service of such persons with Notice of Criminal Trespass pursuant to the enforcement of O.C.G.A. 16-7-21.

**This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_.**

 **Owner/Rightful Occupant:**

 **Mailing Address:**

 **Phone Number:**

 **Email Address:**