



**JEFF LEIKAUF**

**SHERIFF - CORONER - PUBLIC ADMINISTRATOR  
COUNTY OF EL DORADO  
STATE OF CALIFORNIA**

**Date:** \_\_\_\_\_

**To: The El Dorado County Sheriff's Office**

**From:** \_\_\_\_\_ **- Authority to act as Agent**

**Re: Any & all crimes;** \_\_\_\_\_ **ie: Trespassing, shooting,**  
**hunting,** (address and APN) \_\_\_\_\_

**Location of Property:** (Location/property, i.e. rural, undeveloped, single family residence. Also describe access points, such as dirt or paved roads leading onto the property or any trails, gate codes, dogs and other animals.)

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**Owner(s) and Contact Information:**

- 1) \_\_\_\_\_  
Name, address, and two (2) phone numbers
- 2) \_\_\_\_\_  
Name, address, and two (2) phone numbers
- 3) \_\_\_\_\_  
Name, address, and two (2) phone numbers
- 4) \_\_\_\_\_  
Name, address, and two (2) phone numbers

No one is authorized to access or go on this property except for:

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Á \_\_\_\_\_

I authorize the El Dorado County Sheriff's Office to act as my agent in pursuing and prosecuting any unauthorized persons. Gate combo or other info as needed for law enforcement access.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

**Note:** Per Penal Code Section 602 subsection (o) this authorization must be renewed every six months. This authorization will expire six months from today, \_\_\_\_\_.