



JEFF LEIKAUF
SHERIFF - CORONER - PUBLIC ADMINISTRATOR
COUNTY OF EL DORADO
STATE OF CALIFORNIA

Date: _____

To: The El Dorado County Sheriff's Office

From: _____

I grant EDSO authority to act as agent, Re: any and all crimes at the following address: (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, phone numbers and email
- 2) _____
Name, address, phone numbers and email
- 3) _____
Name, address, phone numbers and email

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

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 _____

I request anyone contacted committing criminal law violations on this property be permanently trespassed and not allowed to return.

Name Date Signature

Note: Per Penal Code Section 602 subsection (o) this authorization must be renewed every twelve months. If enforcement of this letter is no longer needed or if you transfer ownership of the property, you shall immediately notify the Sheriff's Office. This authorization will expire twelve months from today, _____.