

NOTICE OF AGENCY OFFICIAL NOTICE

DATE://

Name of Business (if applicable):		
Name of property owner, lessee, or person-in-charge of the business or private property: Address of private property or Business premises:	(Please Print)	
described person or organization to	act as my Agent for the	, am the actual owner of the property, a premises. I hereby authorize the below e sole purpose of serving the Notice of and California Penal Code section 602(k).
Downtown Sacramento Partnership		
(Name of person or organization autho	rized to act as my Agent)	
980 9th Street, Suite 200, Sacrament	o, CA 95814	
(Address of person or organization aut	horized to act as my Ager	nt)
916-442-2200 or 916-442-8575		
(Phone number of person or organization	on authorized to act as m	y Agent)
against individuals who were served a Notice of Agency. I further understar actions of the individual violating the obstructed, or have injured the lawful be By signing below, I hereby certify the property, lessee, or person-in-charge grant Agency to the above person or	Notice of Trespass by the not that at this proceeding Notice of Trespass have business carried on by the at I understand the above of the private property or organization for the pur	all proceeding regarding charges brought a Agent I have designated pursuant to this g I will be asked to testify as to how the enjured my property or have interfered, premises. e, and that I am the actual owner of the business premises and am authorized to poses of serving the Notice of Trespass California Penal Code section 602(k).
Date this	day of	, 20, at
(City)	, (State)	
(Print Name)	 Signature	(غ