

**SHELBY POLICE DEPARTMENT**  
**AUTHORIZATION TO ACT AS AGENT**

NAME OR TYPE OF PREMISES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Use reverse side to show exact location, if necessary)

DATE OF APPLICATION: \_\_\_\_\_

PERSON TO NOTIFY:  
NAME: \_\_\_\_\_

ALTERNATE PERSON TO NOTIFY:  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

PHONE(S): \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

**TO: SHELBY POLICE DEPARTMENT**

I hereby authorize the Shelby Police Department to act as agent in ordering any unauthorized individual(s) to leave my premises and/or property during non-business hours/anytime (**Please circle desired option**). It is understood that the Shelby Police Department will act as my agent and order these individuals to leave my premises/property; and it is understood that if these individuals do not leave, the Shelby Police Department will make arrest(s) for violation of the trespass statute, N.C.G.S. 14-134, or other statutes. It is further understood that I may be called on to sign a complaint under this section, and I hereby agree to do so. I will testify in a court that I requested the Shelby Police Department in my absence to order unauthorized individuals or groups to leave my premises and/or property. I agree to indemnify and to save and hold harmless the Shelby Police Department, Shelby Police Officers, the City of Shelby and all Shelby City officials from any and all liability, costs, and damages arising from any actions taken as my agent pursuant to this authorization.

If I wish to terminate this authorization to act as agent, or if ownership or authority over the property should be transferred from me, I will notify the Shelby Police Department immediately in writing.

The Authorization to Act as Agent shall expire at midnight on June 30, 20\_\_\_\_. I understand that I may renew this Authorization to Act on an **annual basis** by filing a new application.

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the above instrument. Witness my hand and notarial seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_