

## REQUEST FOR SERVICE

To: Long Beach Police Department  
400 West Broadway  
Long Beach, CA 90802

I am the  owner,  owner's agent, or  person in lawful possession of real property located in the City of Long Beach with the following address:

Property Address: \_\_\_\_\_

The above-referenced property has not been leased or subleased to another individual or entity.

### CHECK ONE OF THE FOLLOWING:

- The above-referenced property is not open to the public  at all times OR  between the hours of \_\_\_\_\_ and \_\_\_\_\_. I have posted the property accordingly. Persons found on this property in violation of the posted time(s) should be considered trespassers unless they possess written authorization from me to be on the property. I hereby request that the Long Beach Police Department ("LBPD") enforce the trespass provisions of California Penal Code section 602(o) with respect to the above listed property. I understand that this request will not be enforced unless the above-referenced property is clearly posted as indicated above. Said request will remain in effect for twelve (12) months from the below date unless revoked in a written notice signed by me and delivered to the Chief of Police prior to the twelve (12) month expiration period.
- I will be absent from the premises identified above for \_\_\_\_\_ days (may not exceed 30 days), commencing on (Date) \_\_\_\_\_ and ending on (Date) \_\_\_\_\_. I hereby request that LBPD enforce the trespass provisions of California Penal Code section 602(o) with respect to the above listed property during this period.

The within request for service shall expire upon transfer of ownership of the property, subsequent lease or sublease of the property, or at such time as the undersigned is no longer an owner, owner's agent, or person in lawful possession of the above-referenced property.

I hereby declare and/or certify under the laws of the State of California that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Driver License or Identification Card Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home or Business Phone

### Police Department Use Only

Received By (DID): \_\_\_\_\_ Date Received: \_\_\_\_\_ Sign Verification By (DID): \_\_\_\_\_ Date Verified: \_\_\_\_\_ Expires: \_\_\_\_\_