



**GLOUCESTER COUNTY SHERIFF'S OFFICE**

*Darrell W. Warren Jr.*  
*Sheriff*



**MAJOR R. H. COOKSON**  
**CHIEF DEPUTY**

**7502 JUSTICE DRIVE**  
**GLOUCESTER, VA 23061**  
**804-693-3890**

**Gloucester County Sheriff's Office Trespass**  
**Arrest / Enforcement Authorization Form (Business)**

**I am the (Select one / Fill-In Information)**

*Owner Name:*

*Address:*

*Phone:*

*Owner's Agent Name:*

*Address:*

*Phone:*

*(Person in lawful possession of the property):*

**Business / Property Located at:**

Relevant Address: \_\_\_\_\_

***Recently I have experienced problems at my property (Select all that apply)***

*Urinating*

*Defecation*

*Littering*

*Drinking*

*Illegal lodging*

*Loitering*

*Other*

*This activity affects me in the following way:*

**The property is (Select one):**

*Apartment*

*Business*

*Private Home (Rental Property and you don't reside within Gloucester County)*

*Vacant Lot*

*Other (Describe):*

**I certify that the property listed above is (Select applicable sections):**

*Closed to the public (i.e., private property)*

*Closed to the public, and posted as NO TRESPASSING (§18.2-119 Code of Virginia)*

*Open to the public with hour / purpose restrictions (Describe)*

I authorize the sworn Deputies of the Gloucester County Sheriff's Office (GCSO) to act as my agent(s) for the purposes of enforcing all laws against any person found on the property without my consent or without lawful purpose.

Furthermore, I authorize the GCSO to ask unauthorized persons to leave the property. If they refuse to do so, or return thereafter, I authorize the GCSO to act as my agent(s) for the purposes of enforcing any law violations on the property to include but not limited to Trespassing, Littering, and Damaged Property and / or Alcohol violations.

My agent(s) or I will cooperate / participate in the prosecution of persons for these offenses. I understand this letter is valid for a maximum period of *TWELVE MONTHS and it is my responsibility to renew the letter at that time if the need exists.*

**Delivery Method:**

Personal Delivery:

Serving Deputy / Badge Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notified Party: (Received) \_\_\_\_\_ Date: \_\_\_\_\_

Mailed: Yes / No

Return Receipt Attached: Yes / No

Owner / Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal (Below):