



# STANLEY POLICE DEPARTMENT

## AUTHORIZATION TO ACT AS AGENT



AGENT'S NAME: \_\_\_\_\_  
AGENT'S HOME ADDRESS: \_\_\_\_\_  
AGENT'S PHONE NUMBER: \_\_\_\_\_  
AGENT'S ALTERNATE PHONE: \_\_\_\_\_  
OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, THE AUTHORIZED AGENT FOR \_\_\_\_\_  
PRINTED NAME STREET ADDRESS

\_\_\_\_\_ HEREBY AUTHORIZE ANY OFFICER OF THE  
CITY, STATE ZIP

STANLEY POLICE DEPARTMENT TO ACT AS AN AGENT IN ORDERING UNAUTHORIZED INDIVIDUALS TO LEAVE THE PREMISES REFERENCED ABOVE. IT IS UNDERSTOOD THAT IF THESE INDIVIDUALS DO NOT LEAVE SAID PREMISES, THE OFFICER FOR THE STANLEY POLICE DEPARTMENT MAY ISSUE A WRITTEN CITATION OR MAKE AN ARREST FOR SECOND DEGREE TRESPASS (NORTH CAROLINA GENERAL STATUTE 14-159-13) AND/OR FOR OTHER VIOLATIONS OF THE NORTH CAROLINA GENERAL STATUTES WHEN AND IF THE VIOLATION HAD OCCURRED IN THE OFFICER'S PRESENCE. IT IS FURTHER UNDERSTOOD THAT I WILL BE CALLED UPON TO TESTIFY IN COURT AS A WITNESS UNDER THIS SECTION AND I AGREE TO DO SO.

\_\_\_\_\_  
SIGNATURE OF AGENT

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

I, \_\_\_\_\_ A NOTARY PUBLIC OF THE ABOVE NAMED STATE AND COUNTY CERTIFY THAT \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_  
DATE