CITY OF
LONG BEACH

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

Revised 10-2-2019

Police Department Use Only

Received By (DID): _____ Date Received: _____ Sign Verification By (DID): _____ Date Verified: _____ Expires: _____