



# SONOMA COUNTY SHERIFF'S OFFICE

*EDDIE ENGRAM*  
SHERIFF-CORONER

*JAMES NAUGLE*  
Assistant Sheriff  
Law Enforcement Division

*MICHAEL MERCHEN*  
Assistant Sheriff Detention  
Division

*HEIDI KEITH*  
Chief of Financial and  
Administrative Services

## TRESPASS ACTION REQUEST

To: SONOMA COUNTY SHERIFF'S OFFICE  
2796 Ventura Avenue, Santa Rosa CA. 95403

FROM: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

I am the owner, owner's agent, person in lawful possession of the property closed to the general public located at:

\_\_\_\_\_ and bounded by:  
\_\_\_\_\_.

"In accordance with California Penal Code section 602 (o), I hereby request that the Sonoma County Sheriff's Office enforce the provisions of California Penal Code section 602 and request any persons not having lawful business on such property to leave forthwith or be subject to arrest." The specific reason being: (check one)

- A hazardous fire condition exists on my property. (Valid for a maximum of 30 days.)
- I will be absent from the property. (Valid for a maximum of 30 days.)
- The area is closed to the public and is posted along all exterior boundaries and at all roads and trails entering the property. (Valid for a maximum of \_\_\_\_\_ days.) Not to exceed 12 months.

"I request that this letter be effective starting: \_\_\_\_\_"

If there is a change of condition, occupancy or ownership during the effective dates of this request, I agree to notify the Sheriff's Office immediately.

I understand that this notice does not apply to persons engaged in lawful labor union activities which are permitted to be carried out by the California Agricultural Labor Relations Act, or by the National Labor Relations Act. Further, this request will not apply to persons on the premises who are engaged in activities protected by the California or United States Constitution, or to persons who are on the premises at the request of a resident or management and who are not loitering or otherwise suspected of violating, or actually violating any law or ordinance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

To be completed by person receiving form

Date received: \_\_\_\_\_ Expiration date \_\_\_\_\_ Rev. Jan 12, 2015