



# VICTORIA POLICE DEPARTMENT

## Criminal Trespass Affidavit Program

### Authorization List



Business Name / Property Address: \_\_\_\_\_

The following individuals are authorized to be on the above listed property at the specified time or day:

Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property
Name / Sex / Date of Birth	Address	Time allowed on property

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State / DL (ID) Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
After Hours Telephone Number

**This Authorization List expires one year from date signed or at the time a change is made, and a new list is on file with the Victoria Police Department.**