



TRESPASS PREVENTION PROGRAM

Consent Form

Email forms to **bylaw@terrace.ca**. Or send by mail to, or drop off at, the Public Works building at 5003 Graham Avenue, Terrace, V8G 1B3, c/o the Trespass Prevention Program Coordinator.

Business/Residence Name (if applicable):	
Address:	Contact name:
Postal Code:	Email:
How many decals would you like? (max. 3)	Phone:

To the City of Terrace:

I, _____ as the owner/occupier of the property ("The Property")
(Owner/Occupier name)

and, if applicable, doing business as _____
(Name of Business)

in Terrace, British Columbia, do hereby authorize all RCMP, Bylaw and Community Safety Officers employed by the City of Terrace (COT) to act as an authorized representative on behalf of my business and/or residence pursuant to the B.C. Trespass Act.

As an authorized representative, any RCMP or COT officer can take enforcement action against any person who, on the COT officer's reasonable belief, is in contravention of the B.C. Trespass Act, and to affect that purpose, are further authorized to enter onto any portion of the property.

In order to assist the RCMP and COT with identifying my location as one which has designated authorization to the RCMP and COT, I will display the provided decal in a place visible to the public. The authorization to enforce the B.C. Trespass Act is in effect 24 hours/day. This authorization will remain in effect until revoked in writing, at which time the decal will be removed and returned to the COT.

If the existing owner/representative of the business/property, listed on this document, is leaving the business/property as the owner/representative, I will notify the COT as such, thus terminating this agreement.

Signed,

Owner/Occupier :	Date:
City Representative:	Date: