



# SPAR | SECURITY PATROL & ALARM RESPONSE

## STEP 1

Please fill out the information below, and the Notice of Agent (NOA), and send to:

**Power Inn Alliance**  
Attn: Dawn Carlson  
dawn@powerinn.org  
(916) 453-8888



Yes, I am interested in the Power Inn Alliance **Security Patrol and Alarm Response (SPAR)** program. I am aware that security patrol services will be offered by Paladin Private Security (P.P.O. #15029).

Date: 2016 Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Names/Numbers) \_\_\_\_\_

I am the **Property Owner**  **Tenant**

Are there multiple locations? \_\_\_\_\_ If yes, how many buildings / offices? \_\_\_\_\_

Please describe  
Other locations:

Security on premises:  Alarm  Cameras  Both

Yes, I have a permitted and monitored alarm system in my facility

## STEP 2

Property or business owner must sign the Notice of Agent (NOA) form and return with this form.

Date completed: \_\_\_\_\_

Member Benefit per calendar year \_\_\_\_\_

## STEP 3

Contact your alarm company to set Paladin Private Security as first to call Paladin Dispatch (916) 331-3175.

Date completed: \_\_\_\_\_



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**MEMBER RECORDS:**



NOTICE OF AGENCY  
OFFICIAL NOTICE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Name of property owner, lessee,  
or person-in-charge of the business  
or private property: \_\_\_\_\_

(Please Print)

Address of private property or  
Business premises: \_\_\_\_\_

I, \_\_\_\_\_, am the actual owner of the property,  
lessee, or person in charge of the private property or business premises. I hereby authorize the below  
described person or organization to act as my Agent for the sole purpose of serving the Notice of  
Trespass pursuant to Sacramento City Code section 9.16.140 and California Penal Code section 602(k).

Paladin Private Security, PPO 15029

(Name of person or organization authorized to act as my Agent)

320 Commerce Circle, Sacramento CA 95815

(Address of person or organization authorized to act as my Agent)

916-331-3175

(Phone number of person or organization authorized to act as my Agent)

I understand that I may be required to testify in a future criminal proceeding regarding charges brought  
against individuals who were served a Notice of Trespass by the Agent I have designated pursuant to this  
Notice of Agency. I further understand that at this proceeding I will be asked to testify as to how the  
actions of the individual violating the Notice of Trespass have injured my property or have interfered,  
obstructed, or have injured the lawful business carried on by the premises.

By signing below, I hereby certify that I understand the above, and that I am the actual owner of the  
property, lessee, or person-in-charge of the private property or business premises and am authorized to  
grant Agency to the above person or organization for the purposes of serving the Notice of Trespass  
pursuant to Sacramento City Code section 9.16.140 and California Penal Code section 602(k).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016, at

Sacramento \_\_\_\_\_ California \_\_\_\_\_  
(city) (state)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)