



CITY OF SUMNER
1104 Maple Street, Suite 140
Sumner, Washington 98390-1423
253.863.6384 – Fax: 253.891.3290

Sumner Police Department
Colleen Wilson, Chief

CONSENT TO SEARCH WITHOUT A WARRANT

I, _____ have been asked to consent to a search of my residence and other property listed below;

- Residence address _____
- Outbuildings _____
- Vehicles _____
- Other _____

I understand that I do not have to consent to this search. I understand that if I do not consent, that a search warrant may be required. I have the right to refuse my consent and that I may revoke my consent at any time. I may limit this consent to specific areas of my home or area to be searched.

Knowing and fully understanding my rights, I am voluntarily giving up those rights and hereby freely consent to the search by the officers and/or agents of _____
I authorize law enforcement the right to take from my property any letters, papers, materials or other property which they believe may have evidentiary value.

The limitations on the search are; NONE LISTED AS FOLLOWS

Time and Date: _____

Signature _____

Witnesses _____

Printed Name _____
