

Remsen Police Department

TRESPASS AUTHORIZATION & NOTICE

PERSON COMPLETING THIS FORM:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
I am the (Select one): ☐ Owner ☐ Owner's Agent ☐ Lessee
☐ Person in Lawful Possession of the Property

PROPERTY WHERE TRESPASSING IS PROHIBITED:

Business Name (If applicable): _____
Street Address: _____
Property Type: ☐ Apartment/Duplex ☐ Business ☐ Private Residence
☐ Agricultural Property ☐ Vacant Lot

AUTHORIZATION TYPE (SELECT GENERAL OR INDIVIDUAL):

☐ **GENERAL** use this to ban any person if on the listed property without consent or lawful purpose.
☐ **INDIVIDUAL**: Use this to ban only the following person(s) if on the property without consent or lawful purpose. Contact the RPD for assistance with proper identification information if needed.

Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip Code: _____

A copy of **this form** has been served, in writing, to the listed person by (select all that apply):

☐ In Person ☐ By Certified Mail ☐ By Law Enforcement

A **different notice** has been served, in writing, to the listed person by (select all that apply)

☐ In Person ☐ By Certified Mail ☐ By Law Enforcement

If a different notice was used, a copy must be provided with this authorization.

☐ Check here if this is an authorization renewal only and a notice was previously served.

NOTICE TO INDIVIDUAL NAMED (IF APPLICABLE): Upon receipt of this letter, you are hereby forbidden to enter upon the premises described above, of which I have lawful control. If you enter the premises referenced above, YOU WILL BE SUBJECT TO ARREST FOR TRESPASSING. My notice to you is non-expiring unless revoked in writing. As stated below, the RPD is authorized to act as my agent for the purpose of enforcing this order.

DISCLAIMER AND SIGNATURE OF PERSON COMPLETING THIS FORM:

From the effective date of this notice, I authorize the Remsen Police Department (RPD) to act as my agent for the purposes of enforcing Iowa's trespassing law in accordance with my above stated selection. My agent or I will cooperate with any prosecution. I understand my authorization is valid for a maximum period of twelve (12) months and it is my responsibility to renew it at that time if the need exists. I also understand that I may revoke authorization given to the RPD at any time by notifying the RPD in writing. I agree to hold the City of Remsen and the RPD harmless from liability. My signature certifies that I have legal authority to authorize the RPD to enforce trespassing laws on the listed property. Further, for general authorizations, I certify that I have posted a NO TRESPASSING sign; for individual authorizations, I certify that I have served a NO TRESPASSING NOTICE on the named individual. Please write "refused to sign" if the named individual refuses to sign the notice.

Signed: _____ Date: _____
Person Being Served: _____ Date: _____
Officer Name & Badge: _____
Incident Report Number (if any): _____