## TRESPASS NOTICE FORM

INCIDENT DETAILS					ПАМ	
DATE OF INCIDENT		TIME OF INCIDENT		Γ	РМ	
INCIDENT LOCATION						
REASON FOR TRESPASS	S NOTICE:					
TRESPASSED INDIV	IDUAL					
NAME	NAME			PHONE		
FIRST	MIDDLE	LAST				
□м □ F □ X						
GENDER	DATE OF BIRTH	HEIGHT	WEIGHT	EYE COLOR	RACE	
ADDRESS						
STREET		CITY		STATE	ZIP	
violation of this will Violators may be subj Violators who qualify	constitutes a writte be considered a c ect to imprisonme y for enhanced p	criminal tres ent up to 90 ( enalties und	pass and a v (ninety) days der Minnesot	iolation of Minn or to a payment a Statute §609.	operty <i>immediately</i> . An lesota Statute §609.60! of up to \$1000, or both 153 may be subject t	
imprisonment for up t						
DATES OF TRESPASS: _	to _		(Not To E	xceed One Year)		
SIGNATURE OF INDIVIDU	AL RECEIVING TRESP	ASS NOTICE				
NAME OF INDIVIDUA						
	L ISSUING TRESPAS	SS NOTICE				
TRESPASS NO	OTICE METHOD OF		In Person	☐ Via Certifie	ed Mail	

Form provided by:

