

Evansville Police Department

TRESPASS WAIVER

ON TODAY'S DATE _____, _____ I AM REQUESTING THE ASSISTANCE OF THE EVANSVILLE POLICE DEPARTMENT, FOR THE ENFORCEMENT AND PROSECUTION OF THE INDIANA CRIMINAL LAW IC-35-43-2-2, PERTAINING TO TRESPASSING ON PRIVATE PROPERTY.

ADDRESS: _____

(Please Check One)

HOME _____ BUSINESS _____ APARTMENTS _____ NUMBER OF UNITS _____

OTHER _____ EXPLAIN _____
(Church, School, Private Club, etc)

PROPERTY OWNER _____
(Please Print)

DATE OF BIRTH ___/___/___ HOME ADDRESS _____

CONTACT PERSON _____
(Please Print)

TELEPHONE

HOME _____ BUSINESS _____ CELL _____

PAGER _____ FAX _____

I understand by posting signs that state "No Trespassing" I am authorizing law enforcement officers to act as agents of the property for the purpose of barring/banning and removing unauthorized individuals from the property in accordance with Indiana law. Also, by signing this waiver, I agree to assist in the prosecution of violators of the state trespass law for a period of two (2) years.

Upon expiration, it will be my responsibility to renew my commitment with the Evansville Police Department by contacting the Crime Prevention Office in my Sector thirty (30) days before this agreement is set to expire. I understand that the Evansville Police Department WILL NOT send any reminders to me that this agreement is about to expire.

SIGNATURE _____
(Owners Name)

WITNESS _____
(Officers Name) (Badge Number)