



(Incident Number)

IN PARTNERSHIP WITH THE COMMUNITY
TRESPASS NOTIFICATION

Name of trespassed individual _____ DOB _____

I acknowledge that I have been notified by _____ (name of authorized person)
of _____ (business/agency name, if applicable)
that from this day forward I am prohibited from entering or remaining on the premises located
at _____, Tacoma, Washington.

I acknowledge that if I do so, it could result in my arrest and prosecution for Criminal Trespass under
TMC 8.12.025, or other local or state law.

I acknowledge that I am not to enter or remain on the above-named premises. This trespass
notification is *in effect for one year from date of service.*

Dated this ____ day of _____, 20_____.

(Printed Name of Trespassed Person)

(Printed Name of Premises Owner/Agent)

(Signature of Trespassed Person)

(Signature of Premises Owner/Agent)

(Printed Name of Tacoma Police Officer)

(Signature of Tacoma Police Officer)