

TRESPASSING NOTICE

Property Information			
Name of Business or Property Description (i.e. residence, open lot, etc.)			
			Property Currently Vacant Yes No
Contact Information			
Name:		Email:	
Address:	City:	State:	Zip code:
Phone:	Relationship to Property: Owner Manager Tenant		
Person(s) Trespassed			
If no specific names are known, please check the appropriate box.			
			<input type="checkbox"/> All persons found on the property
<p>Pursuant to Section 569.140 of the Revised Statutes of the State of Missouri and Section 17-65 of the Code of Ordinances of the City of Cape Girardeau, Missouri, you are hereby notified as follows:</p> <ol style="list-style-type: none"> 1. You are permanently prohibited from entering upon the above-described premises. 2. If you hereafter enter upon the above-described premises, you will be subject to arrest for Trespass in the First Degree pursuant to Section 569.140 of the Revised Statutes of the State of Missouri and/or Section 17-65 of the Code of Ordinances of the City of Cape Girardeau, Missouri. 			
<ul style="list-style-type: none"> • I hereby grant permission and authority for officers of the Cape Girardeau Police Department to enter the above described property in order to locate person(s) trespassed from the property pursuant to this notice. Such person(s) found on the property may be arrested and/or issued citations for trespassing under the applicable state statutes/municipal ordinances. • I will cooperate and assist in any prosecution resulting from such arrests/citations as necessary, including attending any necessary court appearances and testifying if needed. • I will maintain current contact information on file with the Cape Girardeau Police Department. • If there are any changes to the above described property that would affect this notice, it is my responsibility to notify the police department. • I understand that if there is a change in ownership of said property, this notice must be renewed. • I understand that it is the responsibility of the owner or responsible party to return this completed form to the Police Department, either by email or personal delivery. 			
<p>The undersigned hereby certifies that on the below date, a true copy of the foregoing was served on the above-named individual(s) or posted as follows:</p> <p>by personal delivery to said individual(s)</p> <p>by posting No Trespassing signage on the above-referenced premises in a manner reasonably likely to come to the attention of said individual(s).</p>			
<p>_____</p> <p>Type Name, Title, and Date to Sign</p> <p>**Please email this completed form to Cpl. Couch: rcouch@cityofcape.org**</p>			
Office Use			
<p>_____</p> <p>Received By /DSN / Date</p>		<p>_____</p> <p>Entered into CGPD system by DSN/Date</p>	