



WRIGHT CITY POLICE DEPARTMENT

Matthew Eskew, Chief of Police
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Wright City, MO 63390

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CRIMINAL TRESPASS WARNING

Incident # _____
Date _____

Name of Complainant: _____

Relationship of Complainant to Property: Owner Manager Other _____

Address of Property: _____

Name of Party Warned: _____ Sex: M F

Date of Birth: _____ Race: _____ ID Number: _____

Address of Party Warned: _____

Relationship of Party Warned to Complainant/Business: _____

Date Warning Given: _____ Time Given: _____

I, the Complainant in this situation, am giving the above Party Warned notice on this date at this time in writing and orally that:

I have full and proper legal authority to act as, or for, Owner of this property;

1. I do not want Party Warned to be on these premises at this time;
2. I do not want Party Warned to make entry on this premises at any time in the future;
3. I am informing the Wright City Police Department through the officer present at this time that I am willing to prosecute the Party Warned if Party Warned does not immediately leave the premises at this time, and am willing to prosecute the Party Warned if Party Warned ever returns to these premises at any time in the future.

Signed: _____

Complainant

I am the Party Warned in this situation. I acknowledge that I have been given, on this date and time, in writing and orally, notice that I am not wanted on these premises at this time and at no time in the future. I understand that if I refuse to immediately leave at this time that I may be arrested for Criminal Trespass, I also understand that if I return to these premises at any time in the future that I may, and likely will, be arrested for Criminal Trespass.

Signed: _____

Party Warned

(If the Party Warned refused to sign above, the officer should complete the following:

I am the officer assigned to the above call and certify that the Party Warned refused to sign this form presented with it. Further, the Party Warned was given the Criminal Trespass warning orally and on this writing in my presence.

Signed: _____ DSN: _____

Officer