

Trespass Notice Form

Date Of Incident: ____/____/____ Time Of Incident: _____ AM PM

Incident Location: _____

Person Receiving Trespass Notice: _____

Address: _____ Phone: _____

<input type="checkbox"/> Male	Date of Birth	Height	Weight	Eye Color	Race
<input type="checkbox"/> Female					

REASON FOR TRESPASS NOTICE: _____

According to Minnesota Statute §609.605, no person shall intentionally trespass on the land of another and refuse to depart from that land, without a legal basis, when a demand to do so is made by the lawful possessor or his/her agent. *This notice informs you that you are prohibited from trespassing, entering or occupying the land, dwelling and/or property located at:*

This Trespass Notice constitutes a written demand to depart from the land and property *immediately*. Any violation of this will be considered a criminal trespass and a violation of Minnesota Statute §609.605. Violators may be subject to imprisonment up to 90 (ninety) days or to a payment of up to \$1000, or both. Violators who qualify for enhanced penalties under Minnesota Statute §609.153 may be subject to imprisonment for up to 365 days or to a payment of up to \$3000, or both.

Dates of Trespass: ____/____/____ to ____/____/____ (Not To Exceed One Year)

Name of Individual Issuing Trespass Notice (*please print*)

Signature of Individual Receiving Trespass Notice

Trespass Notice Method of Delivery: In Person Via Certified Mail

Note to Owner/Lawful Possessor: Make two copies—one for the individual receiving the Trespass Notice and one for your records. If possible, attach a photo to your copy. Once the Trespass Notice has been served, keep documentation to support service.