

This Letter is a legal Document and cannot be altered in any way.

Please Print

TRESPASS ENFORCEMENT REQUEST

TO: Chief of Police, Coeur d'Alene Police Department							
FROM:	YOUR Name:						
	Mailing Address:		Suite / Unit #:				
	City:	State	Zip Code:				
	Phone Number:	Cell Phone:					
	E-Mail Address:		* REQUIRED				
I am the:	Owner Manager Other (Specify)						
Alene Police Coeur d'Ale refuse to le Furthermor refuse a rea of Coeur d' special ager liability on t to timely re trash that a Reasonable notice proh be printed of This author undersigne		ene, Kootenai County, ents in enforcing the pared to make reasonable wherein the premise of the owner in arrests. The property owner eged in any civil suit the ending and the county of Coeur d'Alendrace. The property owner eged in any civil suit the ending arrest ent grown of Coeur d'Alendrace. The property owner will be pared to the coeur d'Alendrace. The property owner will be pared to the coeur d'Alendrace. The property owner will be pared to the coeur d'Alendrace. The property owner will be pared to the coeur d'Alendrace.	Idaho, hereby authorize the Coeur'd rovisions of I.C. 18-7008(8). Officers of the ple requests to leave of any persons who sees are not open to the public. Iting and prosecuting any persons who agrees to defend and indemnify the City pat may arise under the actual express special agency does not create any ge to real property or personal property or e will not be liable for any litter, debris, or PASSING" signs, which give reasonable prosecuted under I.C. 18-7008(8)" must be used.				
_	ency contact purposes, I can be reached by phose during normal business hours at						
	e duffing florifial business flours at		·				
"I certify (o correct."	r declare) under penalty of perjury pursuant to	o the law of the State	of Idaho that the foregoing is true and				
(Owner/Age	ent Signature)		(Date)				
Co	epleting this form, MAIL ORIGINAL to: eur d'Alene Police Department Attn: Trespass Enforcement 3818 Schreiber Way Coeur d' Alene, ID 83815		ADMINISTRATION USE ONLY DO NOT WRITE IN THIS BOX Date Received: Date Expires: By:				



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TRESPASS WARNINGS

Prosecution for Tres	pass is des	ired by:					
Name:			Position:				
Business Phone:							
Name of Subject	DOB	Physical Description	Date / Time of Warning	Report #	Officer Name / Badge #		