



Rescind Trespass Warning
Chief of Police – Anthony W. Rosa

Incident Number: _____

Incident Date: _____

Requestor's Name: _____

Incident address: _____

Effective Immediately: I, _____, would like to rescind the Trespass Warning from the below listed location placed upon the following individual:

Name: _____

Date of Birth: _____

Location Address: _____

Requestor's Name (Printed)

Requestor's Signature

Officer Affidavit:

Sworn and Subscribed before me this ____ Day of _____ 20____

Title: _____ Print Name: _____ CCN: _____

Signature: _____