



COLFAX POLICE DEPARTMENT

400 North Mill Street • Colfax, WA 99111 • (509) 397-4616

TRESPASS ENFORCEMENT NOTIFICATION

I (*print*) _____ do hereby request
_____ be trespassed from
(address/property) _____.

Signature: _____ **Date:** _____

Title: _____ (*if business*)

Witness: _____

Officer Signature: _____

Date/Time: _____

=====

I _____ do hereby acknowledge that Officer
_____ of the Colfax Police Department advised me, I am no
longer to enter or remain on/in property located at, _____
_____.

I understand by doing so, I may be ***SUBJECT TO ARREST***, pursuant to R.C.W.
9A.52.070 or 9A.52.080. I understand this will remain in effect until I receive
written notification from, _____.

Signature: _____ **Date:** _____

Parent/Guardian:

Officer Signature: _____

Date/Time: _____ **Ref. Case #:** _____