

Toppenish Police Department

516 West 2nd Avenue Toppenish, WA 98948 Tel (509) 865-1629 Fax (509) 864-6016 Cityoftoppenish.us/police/

TRESPASS LETTER

Date:	Expi	ration Date:		
	(If expiration date is not	completed this trespas	s letter is effective until owne	rship chnages)
Dear Toppenish	Police:			
I am requesting the owner/man		iish Police in enforcing	the criminal trespass law at m	ny place of business/residence. I am
	(Name o	f business/ residence/	parcel description and number	er)
Located at:				
	(List address including	unit number if applica	ble / parcel description and no	umber)
Business Phone	: Aff	ter-hours contact:		_
said property fo		mate business. I want		usiness/residence/parcel and/or using y from occurring at my business. In an
	NO TRESPAS	SSING/NO LOITERING	- VIOLATORS WILL BE PROSE	CUTED
				persons that they are trespassing and activity at or in area/parking lot of my
my behalf and t	o take appropriate enforcem	ent action. I will hold	the City of Toppenish/Topper	s the authority to warn trespassers on nish Police Department/Officers of the t to testify for the prosecution.
	(Print Name)		(Signature)	
Title:		Date of Birth:		_
Home Address:				
	(Number,	Street, Unit, City, Stat	e, Zip)	
Home Phone: _		Cell Phone:		
Email:				