



EUREKA POLICE DEPARTMENT

604 C Street • Eureka, California 95501-0341

(707) 441-4147 • FAX (707) 441-4148

www.ci.eureka.ca.gov

TRESPASS DOCUMENTATION/ADVISEMENT FORM – EMC 131.30

Date _____ Time _____

Business _____

Address _____

Phone _____

Suspect Information

Name _____ Date of Birth _____ DL/ID # _____

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Owner/Lessee/Agent/Other in Charge Information:

Name _____ Position _____

Witness Name _____ Position _____

TRESPASS ON PRIVATE PROPERTY PROHIBITED: I have been advised that I may not remain upon the private property or business premises listed above. I also have been advised that I may not re-enter the above private property or business premises during the length of stay away listed below, without the permission of the Owner, Lessee, Agent, or other person in charge.

Length of Stay Away _____

(UP TO 365 DAYS)

☐ Suspect verbally told of trespass and time

☐ Suspect given a written trespass notification

Justification/Comments:

PHOTO

HERE

Officer _____

CAD# _____