

Instructions for completing the
Orlando Police Department
Trespass Warning Form
In PDF (Acrobat™) format

- I. Do NOT sign the form until a Notary Public or a police officer witnesses your signature.
- II. Complete only those boxes, which you know the information. Do not mark anything in the other boxes. The officer or detective you are working with may help you if you need further assistance in filling out this form.
- III. On your computer, scroll down to the form which follows this page.
 - On the Acrobat™ toolbar click the small hand.
 - Position the hand over the space, box or line you wish to enter data.
 - Enter your data on the lines. Only the Narrative has a spell check activated.
 - Continue to the next space, box or line and complete the form in the same manner.
 - Print a completed copy of the Statement Form.
- IV. After the original form has been signed, the officer or detective will need the original and two copies.

HELPFUL HINTS:

- ✓ In the form, you may advance from field to field by using your TAB key.
- ✓ When typing long narratives, you may find it easier to complete the bulk of the typing in your word processor, then copy/paste to the appropriate field on this form.

Most computer users will not be able to save their completed form. We suggest you print at least one additional copy for your personal records.



CITY OF ORLANDO

P.O Box 913, 100 S. Hughey Avenue, Orlando, FL 32802-0913

POLICE DEPARTMENT



CASE # _____

ARRESTED: YES

NO

TRESPASS WARNING

NAME: _____ SEX: _____ RACE: _____

ADDRESS (Street, Apt. #, City, State, Zip): _____

D.O.B.: _____ SOCIAL SECURITY #: _____

STATE OF ISSUE OF DRIVER'S LICENSE AND/OR ID AND #: _____

HGT: _____ WGT: _____ EYE COLOR: _____ HAIR: _____

was warned in my presence to stay off the property located at: _____

_____ Orlando, Florida, by

_____ who owns/controls said

property or who has been authorized by said owner/management. This warning was given on

_____ at _____ hours. The above named person

was advised that if he/she returned onto said property that he/she would be in violation of applicable

provisions of Chapter 810, Florida Statutes, prohibiting trespass, and be subject to arrest.

OFFICER: _____ EMPLOYEE #: _____

OFFICER/WITNESS: _____

REASON FOR TRESPASS: _____

EXPIRATION DATE: _____

(OWNER OR CUSTODIAN SIGNATURE)

(OWNER OR CUSTODIAN - NAME PRINTED)

(DATE)

WHITE COPY: OPD Records
YELLOW COPY: Property Owner
PINK COPY: Trespasser