

Restriction from Property / Notification of Trespass - Online

You must have JavaScript enabled to use this form.

Date

Today's date

Business Name

Please enter the name of the business

Business Address

Please enter the address of the business

Business City, State, & Zip

Please enter the city, state, & zip of the business

Email Address

Please enter the email address of the person who is issuing this notice

Our company, _____, can prohibit individuals from entering its property who interfere with its business, shoplift, destroy property, or otherwise behave in a manner that is unacceptable. It has been determined you have engaged in conduct sufficient to necessitate limiting your access to our property. This document constitutes formal notice and warning that you are no longer allowed on this property (listed above) or any area subject to our control. This restriction on entry includes, but is not limited to, all retail locations or subsidiaries of our company/properties including our parking lot.

Should you elect to ignore this notice and enter or remain on our property, we will contact law enforcement to respond and request you be charged with Criminal Trespass under Oregon ORS §164.245, 164.255.

Trespass Notification Given to:

Name

Please enter the name of the recipient this notice is issued to

Address

Please enter the address of the recipient this notice is issued to

City, State, & Zip

Please enter the city, state, & zip of the recipient this notice is issued to

Date of Birth

Please select the date of birth of the recipient this notice is issued to

Sex

Sex

☐ Male

☐ Female

Is the Person an:

Is the Person an:

☐ Adult

☐ Juvenile

Anyone 18 years or older is considered an adult

Acknowledgement of Receipt

I have read and understood this notice or, in the alternative, have had it read to me and understand and acknowledge that as of ____ day of _____, 20__ I am prohibited from entering this property for a period of _____ and are subject to arrest and being charged with Criminal Trespass if I elect to ignore this warning.

Signature of Recipient

Signature of the recipient who is receiving this notice

Parent Signature

Signature of parent only if the recipient is under 18 years old

Company Owner / Representative Signature

Signature of the person issuing this notice

Company Owner / Representative Printed Name

Please type the name of the person issuing this notice

Boardman Police Department Case Number

For office use only

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Submit