

PINELLAS COUNTY SCHOOLS
POLICE DEPARTMENT
TRESPASS WARNING

Date _____ / _____ / _____ Time _____ Report Number _____ - _____

SUBJECT (Person to whom trespass warning was given)

NAME _____
Last First Middle Race _____ Sex _____

D.O.B. _____ Height _____ Weight _____ Hair _____ Eyes _____

Scars/Marks/Tattoos _____

Street Address _____ Apt./Lot No. _____

City _____ State _____ Zip Code _____

Phone No. _____ - _____ - _____

COMPLAINANT

NAME _____
Last First Middle Race _____ Sex _____

Street Address _____ Apt./Lot No. _____

City _____ State _____ Zip Code _____

Phone No. _____ - _____ - _____

LOCATION (School or Property for which Trespass warning was issued)

Location _____

Street Address _____ Apt./Lot No. _____

City _____ State _____ Zip Code _____

Phone No. _____ - _____ - _____

Signature of Complainant _____ / _____ / _____
Date

Signature of Officer _____ / _____ / _____
Date

I understand if I violate this warning I will be arrested for trespassing upon grounds or facilities of a school as provided for in F.S.S.810.097.

Signature acknowledging receipt of warning _____ / _____ / _____
Date