PINELLAS COUNTY SCHOOLS
POLICE DEPARTMENT
TRESPASS WARNING

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

SUBJECT (Person to whom trespass warning was given)

NAME _____ Race _____ Sex _____
Last First Middle

D.O.B. _____ Height _____ Weight _____Hair _____Eyes _____

Scars/Marks/Tattoos _____

Street Address _____Apt./Lot No. _____

City_____State _____Zip Code _____

Phone No. _____- _____- _____

COMPLAINANT

NAME _____ Race _____ Sex _____
Last First Middle

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