



Shreveport Police Department

TRESPASS AFFIDAVIT

S.I.G.N.

1234 Texas Avenue
Shreveport, Louisiana 71101
Web site: [http:// www.ci.shreveportla.gov](http://www.ci.shreveportla.gov)



Ollie S. Tyler
Mayor

Willie L. Shaw, Jr.
Chief of Police

District/Area _____	Control Number ____--____
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My name is _____, I am the owner/agent for owner/ lessee of
RACE: W B ___ GENDER: M F DOB: ___/___/___ (circle one)

_____ located at _____
(Business name) (Street address)

Shreveport, Louisiana _____. I hereby request and authorize the Shreveport
(Zip Code)

Police Department to enter the premises at the above location and, in my absence, enforce all applicable laws on my behalf in regard to the above referenced property. Further, the Shreveport Police Department is authorized by me to request all persons who are not patrons of the business to immediately leave the property. In the event said individuals fail to leave, I am requesting they be arrested and removed from the property for violation of Shreveport City Code Section 50-86 Criminal Trespass. "No Trespassing" signs bearing the above listed control number, with a minimum standard size of 12" by 18", lettering of 1" high, reflective nature, and posted at the entrance(s) reasonably likely to come to the attention of intruders will be at the cost of the above listed owner/lessee. Further, I, or my designee understand that this affidavit must be renewed every 12 months. Further, I, or my designee agree to notify the Shreveport Police Department of any changes in ownership, point of contact information, and listing of authorized persons to be on my property. Further, I, or my designee agree to appear at all court proceedings resulting from an arrest by the Shreveport Police Department pursuant to the authority granted herein, and testify truthfully, if called upon to do so. Failure to appear at any court proceedings pursuant to a lawfully issued subpoena will result in the removal of the above described property from this program.

My contact address is _____

City: _____ State: _____ Zip Code: _____

My contact telephone number is () _____

Date: _____

(Signature)