



# CRIMINAL TRESPASS AFFIDAVIT PROGRAM PARTICIPATION FORM



This permission is given voluntarily and is hereby effective from the date that this document is received and accepted by the Irving Police Department, until revoked in writing to the **Irving Police Department, Community Services Division, 305 North O'Connor Road, Irving, TX 75061**. I understand that this document is a government public record. I understand that the City of Irving, the Irving Police Department, its' officers or employees are not responsibly criminally or civilly for acting on your behalf based on this agreement. By signing and authorizing this agreement you agree to hold City of Irving, the Irving Police Department, its' officers or employees harmless for the good faith execution of this document. I agree to notify the contact person immediately if I discover a Criminal Trespass Warning was given in error.

I agree to provide the Irving Police Department a letter updating my Authorization List and emergency contact telephone numbers at least annually or anytime the names of authorized personnel change. I will be responsible to immediately notify the Irving Police Department in writing at **Irving Police Department, Community Services Division, 305 North O'Connor Road, Irving, TX 75061**, any time the Authorization List, ownership or management changes. I understand that the Irving Police Department may terminate this program and agreement at any time without notice or reason given.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Relationship to property / business (owner, manager, etc.)

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

### For Police Department Use Only

**Beat:**

**Reporting District:**