

Racine Police Department
730 Center Street
Racine, WI 53403
(262) 635-7700

For Office Use Only

Complaint #:

NOTICE OF NON-CONSENT TO TRESPASS

The completion of this form is voluntary and is designed to aid the Racine Police Department in its attempt to maintain order in the community. This document provides law enforcement officers with the necessary information to enforce local ordinances and State Statutes.

NON-CONSENT STATEMENT

I am the owner and/or occupant of the property located at _____, which is located in the City of Racine. I do not give any person(s) consent (expressed or implied) to enter or remain on or about the address listed above. It is understood that this prohibition includes the entry and/or stairwell that provides exclusive access to my property.

- This document is valid for a period of approximately six (6) months from the date of application.
- It is understood that I am granting permission to any law enforcement officer to stop and question the presence of persons on my property during the course of investigations into loitering, trespassing, or other suspicious activities.
- In order to aid in the prosecution of violators, it is understood that I may be required to testify in court regarding this non-consent statement.
- I understand that I am required to notify the Racine Police Department of any change of control or ownership of this property within 24 hours of relinquishing control or ownership.
- Filing an additional non-consent statement may renew this non-consent to trespass notice.
- As the tenant applicant, I have included all known information about the actual property owner.
- If this property is a storefront business, I understand this "notice" is only applicable during the hours that the business is closed. This "notice" will apply only to the entryways, stairwells, and parking lots that are clearly identified as belonging to the applicant.

Property Owner Name (Print): _____, _____, _____
(Last) (First) (M)
Date of Birth: _____
Address: _____ City: _____ State: _____ ZIP: _____
Home Phone #: _____ Work #: _____ Cell #: _____

Lessee (Renter) Name (Print): _____, _____, _____
(Last) (First) (M)
Date of Birth: _____
Address: _____ City: _____ State: _____ ZIP: _____
Home Phone #: _____ Work #: _____ Cell #: _____

Applicant Signature: _____

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Photo ID Checked NCT Sticker Issued Application Date: _____ Expiration Date: _____
Proof of control document type (Tax Bill/Lease agreement, etc.): _____
Officer's Signature/Payroll Number: _____

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Property Address: _____

Name of Business (if applicable): _____

List individuals **Permitted** on the described property (include resident family members).

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

List individuals specifically **prohibited** from being on the described property.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

If the property is a business, the business hours must be listed here. **This “notice” will only be applicable during the hours the business is closed.**

- Sunday: _____
- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____
- Saturday: _____