TRESPASS NOTICE

	TO:					
YOU AI			. –	TO TRESPA R LOCATE	ASS UPON TH D AT:	IE
WHI	CH IS OC	CUPIED I	BY OR, IN	THE POSS	ESSION OF:	
	WILL SU	BJECT Y		INISHMEN	ATION OF TI T ACCORDI	
DATE	ED THIS _		_DAY OF		20	

Directions:

The above form is to be filled out and sent by **certified mail** to the individual you wish served. If the mail is not picked up, please bring the envelope and the postal certification receipt into the Sheriff's Office and it will be served by an Officer at a charge of \$12.00 per person being served.