

# REQUEST FOR REMOVAL OF TRESPASSING NOTICE

OWNER OF PROPERTY: \_\_\_\_\_

ADDRESS AND DESCRIPTION OF PROPERTY: \_\_\_\_\_

NAME OF PERSON REQUESTING REMOVAL: \_\_\_\_\_

NAME OF PERSON BARRED: \_\_\_\_\_

DATE OF BIRTH OF PERSON BARRED: \_\_\_\_\_

REASON FOR BARMENT REMOVAL: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner/agent of owner

TO THE OWNER/AGENT OF OWNER ISSUING THIS NOTICE:  
you must forward a scanned copy of the completed notice to  
[CPDTrespass@charlottesville.gov](mailto:CPDTrespass@charlottesville.gov) after it is served.

## For Police Department Use Only:

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved for Removal Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Removed date from RMS: \_\_\_\_\_

Removed by: \_\_\_\_\_