

TRESPASS AFFIDAVIT PROGRAM AUTHORIZATION LIST
Chicago Police Department

DATE OF ENROLLMENT: _____ DISTRICT _____

PROPERTY ADDRESS: _____

DESCRIPTION OF PROPERTY: _____
(Multi-unit apartment building, business, etc.)

The following persons are authorized to be on the above listed property at the specified time of day:

Name: _____ Address: _____

DOB: _____ SEX: _____ Time of day permitted on property: _____

Name: _____ Address: _____

DOB: _____ SEX: _____ Time of day permitted on property: _____

Name: _____ Address: _____

DOB: _____ SEX: _____ Time of day permitted on property: _____

Name: _____ Address: _____

DOB: _____ SEX: _____ Time of day permitted on property: _____

Name: _____ Address: _____

DOB: _____ SEX: _____ Time of day permitted on property: _____

Printed name of owner of agent

Signature of owner or agent

Date

Attach additional lists if needed.

This authorization list expires 1 year from the date of enrollment or upon filing an updated list with the Chicago Police Department.