



DUBUQUE COUNTY SHERIFF'S OFFICE TRESPASS AUTHORIZATION & NOTICE

Drop off completed form to the Dubuque County Sheriff's Office at the DLEC, 770 Iowa St. Dubuque, IA.

PERSON COMPLETING THIS FORM:

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ ZIP Code: _____
 I am the (select one): Owner Owner's Agent Lessee
 Person in Lawful Possession of the Property

PROPERTY WHERE TRESPASSING IS PROHIBITED:

Business Name (if applicable) _____
 Street Address _____ in _____, IA.
 Property type: Apartment/Duplex Business Private Residence Vacant Lot

AUTHORIZATION TYPE (Select General or Individual):

General Use this to ban any person on the listed property without consent or lawful purpose.
 Individual* Use this to ban only the following person if on the property without consent or lawful purpose. Contact the DCSO for assistance with proper identification information if needed.

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____

A copy of this form has been served, in writing, to the listed person by (select all that apply):
 In Person By Certified Mail By Law Enforcement

A different notice has been served, in writing, to the listed person by (select all that apply):
 In Person By Certified Mail By Law Enforcement
If a different notice was used, a copy must be provided to the DCSO with this authorization.

Check here if this is an authorization renewal only and a notice was previously served.

*** NOTICE TO INDIVIDUAL NAMED (If Applicable):**

Upon receipt of this letter, you are hereby forbidden to enter upon the premises described above, of which I have lawful control. If you enter the premises referenced above, you will be subject to arrest for trespassing. This notice is valid for 1 year from date of service. As stated below, the Dubuque County Sheriff's Office is authorized to act as my agent for the purpose of enforcing this order.

DISCLAIMER AND SIGNATURE OF PERSON COMPLETING THIS FORM:

From the effective date of this notice I authorize the Dubuque County Sheriff's Office (DCSO) to act as my agent for purpose of enforcing Iowa's trespassing law in accordance with my above stated selection. My agent or I will cooperate with any prosecution. I understand my authorization is valid for a maximum period of twelve (12) months and it is my responsibility to renew it at that time if the need exists. I also understand that I may revoke authorization given to the DCSO at any time by notifying the DCSO, in writing. I agree to hold the County of Dubuque and the Dubuque County Sheriff's Office harmless from liability.

My signature certifies that I have the legal authority to authorize the DCSO to enforce trespassing laws on the listed property. Further, **for general authorizations:** I certify that I have posted a NO TRESPASSING sign; **for individual authorizations:** I certify that I have served a no trespassing notice on the named individual.

Signed: _____ Date: _____

Official Use Only Trespass File Number: _____ Case Number (if any): _____
 Date/Time/Badge if LE Service: _____



DUBUQUE COUNTY SHERIFF'S OFFICE

INSTRUCTIONS FOR COMPLETING THE TRESPASS AUTHORIZATION & NOTICE FORM

Person Completing This Form

In the first section, the property owner, owner's agent, lessee, or person in lawful possession of property enters their name, full address, phone number(s), and indicates their relationship to the property.

Property Where Trespassing Is Prohibited

If the property of the trespass ban is a business, the name should be entered on the "Business Name" line; if it is not a business this space should be left blank. The next line should contain a street address of the property. All forms must include the street address to be valid and enforceable. The person completing the form then checks a box to indicate the type of property the listed address refers to.

Authorization Type

Select the authorization type desired, general or individual. Only one box should be checked.

GENERAL

A general ban is used when the property owner (etc) desires a ban against any person on/in the property without consent or lawful purpose. If a general ban is desired, check the "General" box and proceed to the "Disclaimer and Signature of Person Completing This Form" section.

INDIVIDUAL

An individual ban is used to ban a specifically named person on/in the property without consent or lawful purpose. If an individual ban is desired, check the "Individual" box and enter the identifying information of the person to be banned, including their name, date of birth, and complete address. If you need help properly identifying someone, please contact the sheriff's office for assistance.

By law, a person to be banned must be notified before enforcement action can take place. **The person submitting trespass documentation to the sheriff's office is responsible for serving the paperwork on the person to be banned. If served by the Sheriff's Office a fee will apply.**

The person completing the form must indicate how the banned person was served. Check all that apply.

- For a new ban: if a copy of the Dubuque County Sheriff's Office Trespass Authorization & Notice form was served on the person, indicate if that was done in person, by certified mail, and/or by law enforcement.
- For a new ban: if a copy of a different notice was served on the person, indicate if that was done in person, by certified mail, and/or by law enforcement. If a different notice was used, a copy of that notice must be provided to the sheriff's office with the authorization form.
- For a renewal of authorization only (when a notice was previously served on the banned person and a copy has already been provided to the police department): check the "authorization renewal only" box.

Notice To Individual Named (If Applicable)

In cases of an individual ban, this section provides the necessary language to notify the person to be banned that they are no longer welcome on/in the listed property and they may face criminal charges for violations. The notice to the banned person does expire 1 year after date of service.

Disclaimer And Signature Of Person Completing This Form

This section contains the legal language necessary to authorize the Dubuque County Sheriff's Office to act on behalf of the person completing the form. The person completing the form must then sign and date it. For forms submitted electronically, typing a name on the signature line substitutes for an ink signature. Forms are not valid unless signed and dated.

Additional Information

If additional information is needed contact the Dubuque County Sheriff's Office at 563-589-4406.