TRESPASS AFFIDAVIT PROGRAM ENROLLMENT FORM
Chicago Police Department

DATE OF ENROLLMENT: _____ DISTRICT _____

PROPERTY ADDRESS: _____

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

NAME OF AFFIANT: _____

RELATIONSHIP OF AFFIANT TO PROPERTY: _____
(Owner, Manager etc)

PRIMARY CONTACT # _____

OTHER CONTACT #(s) _____ , _____

EMAIL: _____

DESCRIPTION OF BUILDING PROFILE, PROBLEMS AND CONCERNS:

_____

_____

_____

_____

_____

_____

_____

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_____

AUTHORIZATION LIST RECEIVED Y/N: _____

ACCESS KEY(S) OBTAINED Y/N: _____

ACCESS KEY CODE PROVIDED Y/N: _____

ENROLLED BY: _____ STAR NO. _____