

REQUEST FOR ADMINISTRATIVE REVIEW

Date of Trespass Warning: _____ Trespass Warning No: _____
Duration of Trespass Warning: _____

Name on Trespass Warning: _____

Physical Address of Requestor seeking Administrative Review:

Phone Number: _____
Cell Number: _____
Email Address: _____

Property or location Requestor may not enter:

Type of Request for Review:

<input type="radio"/> Warning Location Should be Modified	<input type="radio"/> Warning Was Incorrectly Issued	<input type="radio"/> Warning Duration Should be Changed
<input type="radio"/> Warning Was Not Justified	<input type="radio"/> Requestor Agreed to Comply with Conditions	

Has the Requestor Received a Prior Trespass Warning: Yes _____ No: _____

If yes, please list date, location, and Warning Number:

Explain in as much detail as possible the reason you believe the Trespass Warning should be reviewed by the City. If you need additional room, please attach separate pages. You also may attach any documents you believe are important to be considered in the review:

