



Office of the City Sheriff

5 North Kent Street • Winchester, Virginia 22601

Phone 540-667-5770 • Fax 540-667-6438

Les R. Taylor, Sheriff



NOTICE OF NO TRESPASS

TO BE SERVED ON:

STREET ADDRESS:

CITY, STATE, ZIPCODE:

TELEPHONE NUMBER:

SAMPLE

YOU ARE HEREBY NOTIFIED NOT TO CONTACT THE PETITIONER OF THIS NOTICE FOR ANY REASON OR TRESPASS UPON HIS/HER PROPERTY LOCATED AT:

STREET ADDRESS:

CITY, STATE, ZIPCODE:

AT ANY TIME:

IF ANY PERSON WITHOUT AUTHORITY OF LAW GOES UPON OR REMAINS UPON THE LANDS, BUILDINGS OR PREMISES OF ANOTHER, OR ANY PORTION OR AREA THEREOF, AFTER HAVING BEEN FORBIDDEN TO DO SO, WHETHER ORALLY OR IN WRITING, BY THE OWNER, LESSEE, CUSTODIAN OR OTHER PERSON LAWFULLY IN CHARGE SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR PURSUANT TO 18.2-119 CODE OF VIRGINIA (1950 AMENDED).

OTHER STATE LAWS OR VIOLATIONS TO CONSIDER:

IF ANY PERSON SHALL USE OBSCENE, VULGAR, PROFANE, LEWD, LASCIVIOUS, OR INDECENT LANGUAGE OR MAKE ANY SUGGESTION OR PROPOSAL OF AN OBSCENE NATURE, OR THREATEN ANY ILLEGAL OR IMMORAL ACT WITH THE INTENT TO COERCE, INTIMIDATE, OR HARASS ANY PERSON, OVER THE TELEPHONE OR CITIZENS BAND RADIO IN THE COMMONWEALTH HE SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR PURSUANT TO 18.2-427 CODE OF VIRGINIA (1950 AMENDED).

ANY PERSON WHO WITH, OR WITHOUT THE INTENT TO COMMUNICATE BUT WITH THE INTENT TO ANNOY ANOTHER PERSON, CAUSES ANY TELEPHONE OR DIGITAL PAGER, NOT HIS OWN, TO RING OR OTHERWISE SIGNAL, AND ANY PERSON WHO PERMITS OR CONDONES THE USE OF ANY TELEPHONE UNDER HIS CONTROL FOR SUCH PURPOSE SHALL BE GUILTY OF A CLASS 3 MISDEMEANOR PURSUANT TO 18.2-429 CODE OF VIRGINIA (1950 AMENDED).

PHYSICAL CONTACT OR VERBAL EXCHANGES MADE WITH THE INTENT TO HARASS, THREATEN, INTIMIDATE OR CAUSE PHYSICAL HARM WILL NOT BE TOLERATED AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

YOU ARE ADVISED NOT TO SEEK OUT THE PETITIONER OF THIS NOTICE WITH THE INTENT TO CAUSE DURESS AT ANY TIME.

THIS TRESPASS NOTICE SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS THE PETITIONER WITHDRAWS THIS NOTICE OR OTHERWISE RENDERS IT INVALID.

SIGNED, _____ (PETITIONER) THIS _____ DAY OF _____, 20_____.

PETITIONER'S NAME:

PETITIONER'S STREET ADDRESS:

PETITIONER'S CITY, STATE, ZIP CODE:

NOTE: ONLY ONE RECEIPT PER PAPER AND PLEASE PRINT CLEARLY