

**TRESPASS AFFIDAVIT PROGRAM ENROLLMENT FORM**  
**Chicago Police Department**

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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. \_\_\_\_\_