

**TRESPASS AFFIDAVIT PROGRAM AUTHORIZATION LIST**  
Chicago Police Department

---

DATE OF ENROLLMENT: \_\_\_\_\_ DISTRICT \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

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

The following persons are authorized to be on the above listed property at the specified time of day:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ Time of day permitted on property: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ Time of day permitted on property: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ Time of day permitted on property: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ Time of day permitted on property: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ Time of day permitted on property: \_\_\_\_\_

\_\_\_\_\_  
Printed name of owner of agent

\_\_\_\_\_  
Signature of owner or agent

\_\_\_\_\_  
Date

Attach additional lists if needed.

This authorization list expires 1 year from the date of enrollment or upon filing an updated list with the Chicago Police Department.