



Springfield  
POLICE

# LETTER OF ENFORCEMENT

Mail completed form to: Police Headquarters  
321 E Chestnut Exp  
Springfield, MO 65802  
Fax: 417-864-1714  
Email: SPDmail@springfieldmo.gov

<b>Property Information</b>			
Name of Business or Property Description (i.e.: residence, open lot, etc.):			
Street Address ( <u>only one address per form</u> /must be inside city limits):		Zip Code:	Phone:
<b>Contact Information</b>			
Name:		Email Address:	
Address:		City:	State: Zip Code:
Phone:	Alternate Phone:	Relationship to Property Listed Above: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Tenant	
<b>Additional Information</b>			
Describe the specific type of problem(s), time of day/night problem(s) occur, information and/or description of individual(s) who have contributed to the problem, and any other information which might be helpful to officers. If no additional information – please write <b>“No Trespassing”</b> .			
I request that officers of the Springfield Police Department who locate persons entering or upon the above describe property which may constitute trespass in the reasonable view of those officers be issued citations for trespass upon the said property under the applicable municipal ordinances.			
I will cooperate and assist in any prosecution resulting from such citations as necessary, including attending any necessary court appearances and testifying if needed.			
I further agree that I will conspicuously place and maintain appropriate signage posting the property as “No Trespassing”.			
I will maintain current contact information on file with the Springfield-Greene County Emergency Communications Department, Greene County Public Safety Center, 330 W. Scott Street, Springfield, MO 65802.			
If there are any changes to the above described property that would affect this agreement, it is my responsibility to notify the police department.			
I understand that if there is a change in management/ownership of said property, this agreement must be renewed.			
_____ Signature / Title or Position		_____ Date Signed	_____ Expiration Date (Cannot exceed 2 years from date signed)
Office Use			
_____ Received By / DSN / Date		_____ Entered into RMS By / DSN / Date	