



Greene County Sheriff's Office
 5100 W. Division Street * Springfield, MO 65802
 Phone: (417) 868-4040 * Fax (417) 868-4830



Letter of Enforcement

Property Information		
Name of Business or Property Description:		
Complete Street Address (Only one address per form):		
Type of Property (i.e.: residence, convenience store, retail business etc.):	Phone:	
Contact Information		
Contact Name:		
Email Address:	Phone:	Alternate Phone:
Complete Street Address:		The undersigned is authorized to make this request because I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Tenant
Name of Requestor (if different than Contact) AND Title (if applicable):		
Additional Information		
Describe the problems(s) leading to this request, including for example time of day/night problem(s) occur, information and/or description of individual(s) who contributed to the problem, and any other information which might be helpful to officers. Please also write "No Trespassing" and include the hours i.e.: "No Trespassing between 06:00pm and 06:00am":		

I request that deputies who locate persons entering or remaining on the premises described above which may constitute trespass in the reasonable view of those deputies be issued citations. I will cooperate with any prosecution including by attending court appearances if requested. There is conspicuously placed and maintained appropriate signage posting the property as "No Trespassing" or I will promptly do so. 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. I promise to notify the Greene County Sheriff's Office of any changes in management/ownership/occupancy that would affect this agreement.

Signature/Title or Position

Date Signed

Expiration Date (Cannot exceed 2 years from date signed)

Received By/ DSN / Date

Entered into RMS by DSN/Date