Directions for filling out Open Trespass Affidavit (PPD-113)

Line 1 – Fill in name (owner, manager, director, administrator, agent, authorized representative).

Line 2 – Fill in complete address of the premise/property and any description of said premise/property.

Line 4 – Fill in individuals names who have the right, license, privilege to enter, remain etc. in and around said property.

Notice Section – Date, Sign and Print Full Name.

OPEN TRESPASS AFFIDAVIT

_____, the undersigned, being duly sworn, deposes and says that (s)he is over the 1. age of eighteen years and:

2. I am the owner/agent/manager/director/authorized representative of premises/property known as ______ located at ______, City of Poughkeepsie, New York

12601. The premises/property is further described as follows (residence, vacant building, business, etc.):

I have posted "NO LOITERING" and "NO TRESPASSING" warnings on the exterior and interior common 3. areas of my premises/property.

4. Nobody, other than myself or (name other authorized individuals below):

has a right,

license or privilege to enter, remain or utilize the parking areas, buildings, steps, stoops, or any other private, open or common area(s) of the premises/ property described above for any purpose.

5. I have given no individual(s) my consent, permission or authority to damage or otherwise tamper with the premises/property described herein.

6. I have given no individual(s) my consent, permission or authority to use, possess or exercise dominion and/or control over the premises/property described herein, or to take or remove any property from the premises/property.

7. The City of Poughkeepsie Police Department is authorized to enter the exterior and interior of the premises/ property described herein including, but not limited to, the parking areas, building(s), steps, stoops, or any other private, open or common areas to enforce this Trespass Affidavit and/or the "NO LOITERING" and "NO TRESPASSING" notices. The City of Poughkeepsie Police Department is authorized to investigate, arrest and prosecute any individual or any group of individuals found in violation of this Trespass Affidavit or the "NO LOITERING" and "NO TRESPASSING" notices. I hereby express my wishes to have violators, whether individual people or groups of people, investigated, arrested and prosecuted.

Any action taken by the City of Poughkeepsie, its officers, employees, or agents to enforce this Trespass 8. Affidavit and/or the "NO LOITERING" and "NO TRESPASSING" notices, whether the violation and/or enforcement is committed in my presence or not, is action taken based upon the representations made herein.

I realize that the City of Poughkeepsie will rely upon the representations set forth herein in the investigation. 9. arrest and prosecution of any individual(s) for trespass, other offenses and/or the removal of any individual(s) from the premises/property. I understand that the City of Poughkeepsie Police Department will take action based upon the representations made herein without prior contact with me. If there are any changes to the status of the premises/property, or amendments or changes to this Trespass Affidavit, I agree to notify the City of Poughkeepsie Police Department in writing of these changes or amendments immediately.

I agree to hold harmless and indemnify the City of Poughkeepsie and/or its agents in the event a claim is 10. made alleging that any individual(s) are investigated, arrested or prosecuted due to any misrepresentation in this Trespass Affidavit and/or my failure to give the City of Poughkeepsie Police Department written notice of any changes or amendments to the status of the premises/property or any changes or amendments to the representations made herein. This indemnification includes all loss, damages or claims related to any misrepresentation or failure to give written notice of changes or amendments described herein, including attorney's fees necessary to defend the claim.

11. I waive any and all claims against the City of Poughkeepsie, its officers, employees and agents and assume full responsibility for any physical or financial damage to my property or any physical, mental, emotional, or other personal injury that I may suffer as a result the enforcement of this Trespass Affidavit regardless of how such loss or injury may arise and regardless of who is at fault, even if the loss or injury is caused by neglect, negligence or other fault of the City of Poughkeepsie, its officers, employees or agents.

12. This affidavit shall be effective for one year from the date of my signature. I understand and agree that if I require this affidavit to be extended and enforced for longer than one year, I will update this affidavit with the City of Poughkeepsie Police Department prior to its expiration.

NOTICE

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime pursuant to New York State Penal Law Section 210.45 punishable as a Class A Misdemeanor.

Dated: ____ day of _____, 20___

Poughkeepsie, New York

Signature

Printed Name



EMERGENCY BUSINESS/RESIDENCE CONTACT INFORMATION

BUSINESS/RESIDENCENAME:
TYPE OF LOCATION:
LOCATION PHONE #:
LOCATION ADDRESS:
DOES THE BUSINESS/RESIDENCE HAVE A BURGLAR/FIRE ALARM? Y / N
IF ALARMED – ALARM COMPANY NAME:
TYPE OF ALARM:
FIRST EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
SECOND EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
THIRD EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
FURTHER INFORMATION REGARDING THE BUSINESS/RESIDENCE (i.e. business hours, surveillance system,

dog on the premise):

Directions for filling out <u>Personal Trespass Affidavit (PPD-114)</u>

Fill in your name.

- Line 2 Circle applicable title Fill in premise/property location Describe the premise/property
- Line 3 Fill in the name of the individual Personal Trespass Affidavit will be enforced against. Fill in the name of the individual ordering the affidavit. Fill in the date the individual was advised of the affidavit.
- Line 4 Fill in the premise/property location Fill in the name of the individual Personal Trespass Affidavit will be enforced against.

Line 11- Fill in the name of the individual Personal Trespass Affidavit will be enforced against.

Fill in Date Served.

NOTE: You must serve an original fully completed copy of the Personal Trespass Affidavit (PPD-114) on the person named in the document.

Person serving the Trespass Affidavit must complete the attached Affidavit of Service.

Return copy of Trespass Affidavit and Affidavit of Service to the Police Department.

PERSONAL TRESPASS AFFIDAVIT

STATE OF NEW YORK)		
COUNTY OF DUTCHESS) S.S.)		
I,		, the undersigned being d	uly sworn deposes and says:
1. That I am over the age of	eighteen years.		
		r/manager/director/administrato	-
in the City of Poughkeepsie, described as follows (resider		ss and State of New York. The pre g, business, etc.):	mises/property is further
		lividual the Trespass Affidavit will	
Name:			
Date of Birth:			
Address:			
is not to enter, remain, loiter, ot to enter, remain, loiter, o		n said premises/property as he/sho l premises/property by	e has been lawfully ordered
the [circle applicable title(s)]	owner/manager/c	director/administrator/agent/aut	horized representative of said
premises/property, which w	as personally comr	municated to him/her on:	,20
4. The City of Poughkeepsie	Police Departmen	nt is authorized to enter the propert, Poughkeepsie, New Y	ty located at ork and enforce this Trespass
Affidavit against (name of in	dividual the Trespa	ass Affidavit will be enforced again	inst)
individual if he/she should vi	iolate this Trespass	and to investigate, arr	est and prosecute this
premises/property described	herein, including, b	nt is authorized to enter the exterio but not limited to: the parking area force this Trespass Affidavit. The	as, building(s), steps, stoops, or

Department is authorized to investigate arrest and prosecute the individual named in this Trespass Affidavit. I hereby express my wishes to have the individual named in this Trespass Affidavit investigated, arrested and prosecuted if he/she is found to be in violation of this Trespass Affidavit.

6. Any action taken by the City of Poughkeepsie, its officers, employees, or agents to enforce this Trespass Affidavit, whether the violation and/or enforcement is committed in my presence or not, is action taken based upon the representations made herein.

7. I realize that the City of Poughkeepsie will rely upon the representations set forth herein in the investigation, arrest and prosecution of the individual named herein for trespass, other offenses and/or the removal of any individual named herein from the premises/property. I understand that the City of Poughkeepsie Police Department will take action based upon the representations made herein without prior contact with me. If there are any changes to the status of the premises/property, or amendments or changes to this Trespass Affidavit. I agree to notify the City of Poughkeepsie Police Department in writing of these changes or amendments immediately.

8. I agree to hold harmless and indemnify the City of Poughkeepsie and/or its agents in the event a claim is made alleging that the individual named herein is investigated, arrested or prosecuted due to any misrepresentation in this Trespass Affidavit and/or my failure to give the City of Poughkeepsie Police Department written notice of any changes or amendments to the status of the premises/property or any changes or amendments to the representations made herein. This indemnification includes all loss, damages or claims related to any misrepresentation or failure to give written notice of changes or amendments described herein, including attorney's fees necessary to defend the claim.

9. I waive any and all claims against the City of Poughkeepsie, its officers, employees and agents and assume full responsibility for any physical or financial damage to my property or any physical, mental, emotional, or other personal injury that I may suffer as a result of the enforcement of this Trespass Affidavit regardless of how such loss or injury may arise and regardless of who is at fault, even if the loss or injury is caused by neglect, negligence or other fault of the City of Poughkeepsie, its officers, employees or agents.

10. This affidavit shall be effective for one year from the date of my signature. I understand and agree that if I require this affidavit to be extended and enforced for longer than one year, I will update this affidavit with the City of Poughkeepsie Police Department prior to its expiration.

11. I hereby affirm that this affidavit (PPD-114), in its complete form, was personally served upon one

_(name of individual the Trespass Affidavit will be enforced against).

Date Served:_____

<u>Notice</u>

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime pursuant to New York State Penal Law Section 210.45 punishable as a Class A Misdemeanor.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK COUNTY OF DUTCHESS CITY OF POUGHKEEPSIE)) SS)		
DESCRIPTION OF PERSON SER	VED:		
NAME:		; WEIGHT:;	;
HEIGHT:; SEX	; COLOR OF SKIN:	;HAIR COLOR:	;
OTHER:			
l,	, being duly swor	rn, deposes and says:	
Deponent is over the age of e	ighteen (18) years; that on	, 20	
ata.m./p.m.	., at		
Poughkeepsie, New York, dep	onent served a Personal Trespa	ss Affidavit (PPD-114) on	
	, the subject of the Personal Tre	espass Affidavit (PPD-114), by delivering to, an	ıd
leaving the same with him/he	r personally. That I know the pe	erson so served to be the person mentioned a	and
described in the annexed Pers	onal Trespass Affidavit as the pa	arty therein, whose description is above.	
	Sig	gnature of Person Serving Papers	
Sworn to before me this Day of	20		

Desk Officer Signature or Notary Public



EMERGENCY BUSINESS/RESIDENCE CONTACT INFORMATION

BUSINESS/RESIDENCENAME:
TYPE OF LOCATION:
LOCATION PHONE #:
LOCATION ADDRESS:
DOES THE BUSINESS/RESIDENCE HAVE A BURGLAR/FIRE ALARM? Y / N
IF ALARMED – ALARM COMPANY NAME:
TYPE OF ALARM:
FIRST EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
SECOND EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
THIRD EMERGENCY CONTACT NAME:
POSITION IN BUSINESS/RELATIONSHIP TO OWNER:
TELEPHONE #:
ADDRESS:
FURTHER INFORMATION REGARDING THE BUSINESS/RESIDENCE (i.e. business hours, surveillance system,

dog on the premise):