



VIDOR POLICE DEPARTMENT
CRIMINAL TRESPASS AFFIDAVIT
PROGRAM PARTICIPATION FORM

This permission is given voluntarily and is hereby effective from the date that this document is received and accepted by the Vidor Police Department, until revoked in writing to the ***Vidor Police Department, 695 East Railroad, Vidor, TX 77662***. I understand that this document is a government public record. I understand that the City of Vidor, the Vidor Police Department, its' officers or employees are not responsible, criminally or civilly, for acting on your behalf based on this agreement. By signing and authorizing this agreement you agree to hold the City of Vidor, the Vidor Police Department, its' officers or employees harmless for the good faith execution of this document. I agree to notify the contact person immediately if I discover a Criminal Trespass Warning was given in error. I agree to provide the Vidor Police Department a letter updating my Authorization List and emergency contact telephone numbers at least annually or anytime the names of authorized personnel change. I will be responsible to immediately notify the Vidor Police Department in writing at the ***Vidor Police Department, 695 East Railroad, Vidor, TX 77662***, any time the Authorization List, ownership or management changes. I understand that the Vidor Police Department may terminate this program and agreement at any time without notice or reason given.

Full Printed Name

Title

Date

Address

24 HR phone number (no 800 numbers)

Signature

Driver's License Number

State

Relationship to property / business (owner, manager, etc.) Sworn
and subscribed before me

This _____ day of _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____