Rusiness Name		
Business Address:(Requ	ests for appeal to this notice may be sent	to this address.)
ľ	Notice of No T	Γrespass
Name:		
Address:		
City:		State:
Date of Warning:	Time of Warning:	Store No.:
Good cause for issuance o	f Notice of No Trespass:	
	NOTICE	
of [BUSINESS NAME] for a	a period of three years. This notice and res	rom entering or coming upon any and all premises triction are due to the conduct you have displayed nd/or interferes with [BUSINESS NAME] in

conducting its business.

Should you fail to abide by this notice, you may be subject to arrest and criminal prosecution under RCW 9A.52.070 and/or RCW 9A.52.080 (Washington State).

This notice and restriction apply to all [BUSINESS NAME] locations.

Signature of Person to Whom Warning was Issued [Note: Indicate "Refused" if the person refuses to sign.]	Date
Name/Title of Person Issuing Warning (Print)	Name of Witness (Print)
Signature of Person Issuing Warning	Signature of Witness
Date	Date