



CHATTANOOGA HOUSING AUTHORITY PUBLIC SAFETY DIVISION

Revised 07/05

REQUEST FOR REMOVAL FROM THE CHATTANOOGA HOUSING AUTHORITY "NO TRESPASS" LIST

This application must be submitted by the BARRED PERSON unless the BARRED PERSON is a juvenile, in which case the parent or legal guardian of the BARRED PERSON must submit the application.

The undersigned acknowledges that the BARRED PERSON identified below has received a TRESPASS NOTIFICATION issued by the CHattanooga Housing Authority that prohibits the entry or presence of the BARRED PERSON on all Chattanooga Housing Authority Properties.

WARNING

Providing any false, misleading, inaccurate, or incorrect information in this application will be grounds for immediate denial with no further consideration of your appeal.

WARNING

Name of barred person:			
Aliases or other names used by barred person:			
Date of birth of barred person:		Social Security No.	
Drivers License Number:		Drivers License State	
Address of barred person:			
City, State, & Zip Code:			
Telephone number of barred person:			

As an aggrieved person under the CHattanooga Housing Authority's "No Trespass" policy, the undersigned hereby requests that the Trespass Notification issued to the barred person be amended and provides the following information in support of such request.

Attach Additional Pages if Necessary

1. Has the barred person ever possessed any illegal drugs or controlled substances on any Chattanooga Housing Authority property **or at any other location?**

Yes ☐ No ☐

2. If the answer to question #1 is yes, provide the following information on each occurrence:

Date of Occurrence	Location of Occurrence	Drugs/substances possessed

3. Has the barred person ever been involved in an assault or any other violent activity on any Chattanooga Housing Authority property **at any other location**?

Yes ☐ No ☐

4. If the answer to question #3 is yes, provide the following information on each occurrence:

Date of Occurrence	Location of Occurrence	Nature of Occurrence

5. Has the barred person ever possessed a weapon* (as defined in this application) on any CHattanooga Housing Authority property?

Yes ☐ No ☐

6. If the answer to question #5 is yes, provide the following information on each occurrence:

Date of Occurrence	Location of Occurrence	Type of Weapon

7. Once receiving the Trespass Notification, has the barred person entered into any property of CHattanooga Housing Authority including the building, grounds, streets, sidewalks, or common areas of the property?

Yes ☐ No ☐

8. If the answer to question #7 is yes, provide the following information on each occurrence:

Date of Occurrence	Location of Occurrence	Reason

9. Have any of the occurrences described in your answers to questions 1-4 ever resulted in criminal charges being placed against the barred person, or **has the barred person ever been charged with any criminal occurring at any location** other than minor traffic violations? (Include **all** arrests and citations).

Yes ☐ No ☐

10. If the answer to question #9 is yes, provide the following information on each occurrence:

Date of Occurrence	Location of Occurrence	Charge(s)

11. Check appropriate answer:

- ☐ This request is for entry into all CHattanooga Housing Authority properties

- ☐ This request is for entry into only the following property:

12. State the reason the Trespass Notification should be rescinded. (This statement must be accurate and complete, and should include names and addresses of all relatives or persons you visit that reside in CHattanooga Housing Authority developments).

[illegible]

13. Name and address of parent or guardian if barred person is a juvenile:

Name: _____ Address: _____

14. In order to come off the Criminal Trespass List you must have a least one resident per development willing to be your sponsor for removal from the Trespass List. Please list in space provided.

Resident Name	Address	Phone Number

THE UNDERSIGNED HEREBY CERTIFIES THAT ALL OF THE INFORMATION PROVIDED IN THIS REQUEST IS TRUCE AND CORRECT IN ALL RESPECTS.

Signature of person filling out appeal request: _____

Date: _____

***WEAPON**, as used in this application, means any firearm, knife with a blade exceeding four inches, club, razor, or razor knife (except those used solely for the purpose of shaving), explosive or incendiary device, spear, blackjack, or any other device possessed and/or used for the purpose of inflicting bodily injury or death.

For Investigators Use Only

❖ **Based on an investigation into this request:**

- ☐ The barred person should remain on the CHA “No Trespass” List.
- ☐ The barred person’s request for removal from the CHA “No Trespass” List should be granted.
- ☐ The barred person should be allowed limited access to CHA properties as described below.

SUMMARY OF FINDING

[illegible]