

### WRITTEN NOTICE - SECTION 9(1)

TO:

OF:

\_\_\_\_\_  
*[Name of person being issued this notice]*

\_\_\_\_\_  
*[Person's Address]*

I, \_\_\_\_\_ of \_\_\_\_\_  
*Name of person issuing this notice*

\_\_\_\_\_  
*Insert place of employment*

being a person acting with authority of the occupier\* of the premises# below HEREBY ISSUE;

[tick appropriate boxes]:

A DIRECTION under Section 7 of the *Trespass Act* that you are TO LEAVE for a period of:

\_\_\_\_\_

*Insert a period for up to 24 hours; OR*

HEREBY ISSUE A WARNING under Section 8 of the *Trespass Act* that you are TO STAY OFF for a period of:

\_\_\_\_\_

*Insert a period for up to 1 year*

the following premises located at:

\_\_\_\_\_  
*(Insert name and location of the premises)*

\* Occupier means: Chief Executive Officer (Housing)

# Premises means: (a) a building or structure whether permanent or temporary and whether fixed or capable of being moved; (b) a dwelling-place; (c) any part of a yard, garden or area (whether enclosed or not); or (d) a vehicle (including a caravan), vessel, aircraft or hovercraft;

And--

Enclosed are details of my authorisation to issue this notice. *[see overleaf]*

This Notice has effect from service of this Notice for the period specified above. If you fail to leave the place or if you return to the place after being warned to stay off within that period, you will be trespassing. You may be warned of the consequences of not leaving the place forthwith and, if you fail to comply, you may be arrested and charged with a trespass offence. The maximum penalty on conviction is 20 penalty units (which as of May 2010 is \$2,600.00).

This Notice was served at .....[address] on ..... [date] at .....[time] by:

handing it to the person.

Receipt by Person - I received a copy of this Notice:

\_\_\_\_\_  
*[Signature of Person]*

OR

reading this notice to the person and explaining the contents because the Person refused to:

- sign the Notice; and/or
- take delivery of this Notice.

Signed: *[Signature of person issuing this Notice]*

Full name: *[Print name of person issuing this Notice]*

Position: *[Employment position of person issuing this Notice]*

- Do not ignore this Notice. If you do not understand this Notice contact your legal practitioner or your nearest legal aid office.
- This Notice may be withdrawn at the discretion of the Department if, on review, the Department considers withdrawal is warranted. Please contact 1300 301 167 if you would like this Notice reviewed.

