


TRESPASS WARNING AGENCY COPY

AGENCY INFORMATION												
AGENCY NAME NORTH PORT POLICE DEPARTMENT					AGENCY ADDRESS 4980 CITY HALL BLVD				AGENCY CITY NORTH PORT			
AGENCY COUNTY SARASOTA		AGENCY STATE FL		AGENCY ZIP CODE 34286		AGENCY PHONE (941) 429-7300		OTHER AGENCY DETAILS				
TRESPASS INFORMATION												
DATE 04/17/2024		TIME 06:40 PM		CASE NUMBER 24027726		OFFENSE NUMBER 810.08/09		VALID FOR? 1 YEAR		MODE OF TRAVEL VEHICLE		
TRESPASS LOCATION												
BUSINESS OR GOVT. <input checked="" type="checkbox"/>	BUSINESS NAME NORTH PORT AQUATIC CENTER			FIRST NAME DEVON		MIDDLE NAME RASHAD		LAST NAME POULOS		SUFFIX	DOB 08/06/1996	
CURRENT ADDRESS (Number and Street) 6205 W PRICE BLVD				CITY NORTH PORT		STATE FL	ZIP CODE 34289	PHONE NUMBER (941) 302 9147		TITLE <i>Aquatics Manager</i>		
PERSON BEING WARNED												
FIRST NAME CAYDEN		MIDDLE NAME LEE		LAST NAME THOMAS		SUFFIX	CURRENT ADDRESS (Number and Street) 3793 MONDAY TER					
DRIVER LICENSE NUMBER T520112060810			DL STATE FL	DL CLASS E	DL EXPIRES 03/01/2029		CITY NORTH PORT			STATE FL	ZIP CODE 34286	
DOB 03/01/2006	RACE W	SEX M	HEIGHT 5' 05"	PHONE NUMBER (941) 302 9147		WEIGHT 137 LB	BUILD THIN	EYES BRO	HAIR BRO	STYLE STRAIGHT		FACIAL NO
NARRATIVE AND ADDITIONAL INFORMATION												
VIOLATOR PICTURE 					NARRATIVE CRASH WITH PROPERTY DAMAGE.					REASON TRESPASSED TRESPASS WARNING		
										VIOLATOR THUMB PRINT		
VEHICLE INFORMATION												
VEH. YR.	VEHICLE MAKE		VEHICLE MODEL		VEHICLE COLOR		VEHICLE TAG #		STATE		COMMENTS	
REPORTING OFFICER AND SIGNATURES												
OFFICER'S FIRST NAME CHARLES		MIDDLE NAME NULL		LAST NAME MERICLE		SUFFIX	BADGE NO 498	<input checked="" type="checkbox"/> I certify that a copy of this Trespass Warning was made available to the Violator listed above.		OFFICER'S SIGNATURE <i>Charles Mericle</i>		
OWNER FIRST NAME DEVON		MIDDLE NAME RASHAD		LAST NAME POULOS		6:54 PM	4/17/2024			<input checked="" type="checkbox"/> I certify that a I have been given authority to request that this warning be issued.		OWNER/CUSTODIAN SIGNATURE <i>Devon Poulos</i>
VIOLATOR FIRST NAME CAYDEN		MIDDLE NAME LEE		LAST NAME THOMAS		6:54 PM	4/17/2024	<input checked="" type="checkbox"/> I understand that if I return to this location I may be subject to arrest for trespassing.				VIOLATOR SIGNATURE <i>Cayden Lee Thomas</i>