**TRESPASS NOTICE** **Issued under Section 4 of the Trespass Act 1980**

To: **[Full Name or Description of Person]**

You are hereby advised that, pursuant to the **Trespass Act 1980**, you are **prohibited from entering or remaining on** the following property:

**[Name of Practice / Clinic]** **[Full Address]**

If you enter or remain on the above property after being given this notice, you will be **committing an offence** and may be **arrested and prosecuted**. A breach of this notice may result in a fine of up to $1,000 or imprisonment for up to 3 months.

This notice is effective immediately and will remain in force for **two years** from the date it is served.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **[Your Name]** **[Your Title, e.g. Owner / Manager / Occupier]** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_