



ST. AUGUSTINE POLICE DEPARTMENT PRIVATE/PUBLIC PROPERTY TRESPASS ENFORCEMENT AUTHORIZATION

Property Information:

Address and/or Parcel Number:

Description:

Owner/Lease/Agent:

Name: _____

Address: _____

Telephone: _____ Email: _____

I swear or affirm that I am the owner/lessee/agent of the above listed property and I hereby authorize the St. Augustine Police Department to act on my behalf as follows: **Law Enforcement officers of the St. Augustine Police Department may issue warnings to depart the property, structure or conveyance pursuant to F.S. 810.08 and 810.09.**

This authorization is in effect for (1) year from the date received by the St. Augustine Police Department. The undersigned owner/lessee/agent agrees to notify the St. Augustine Police Department in writing when this authority is revoked, amended or ownership has transferred and in the case of any change in contact information.

Owner/Lessee/Agent Signature _____ Date

State of _____ County of _____
Sworn to and subscribed before me this _____ day of _____, 20 _____.

Signature of Notary Public Print Name of Notary Public

_____ Personally Known to Me or
_____ Produced identification. Type of ID: _____

OR

Witness Officer Name **ID#** _____ **Witness Officer Signature**

Zone:	
Date Received:	
Received/Entered by:	Expiration Date: