



PLANTATION POLICE DEPARTMENT



TRESPASS PROGRAM PARTICIPANT AFFIDAVIT

TO WHOM IT MAY CONCERN:

Plantation Police Department Officers are hereby authorized as my representatives to enforce Florida State Statute 810.08 and 810.09, **Trespass**, and to warn and direct any person or persons to leave

_____, property located at _____,
(Property Name) (Property Address)

Plantation, Broward County, Florida. Authority is granted by _____,
(Owner's Name)

the owner of the said property, or _____, owner's authorized agent, who herein
(Owner's Agent)

requests Officers of the Plantation Police Department to enforce the Statute on said property, including the structures and the parking lots.

Authority is granted by _____, who is the _____ of said business/property and is authorized to act on behalf of the above-named business/property for purposes of this Affidavit; and who, herein, requests that Plantation Police Officers enforce Florida Statute 810.09 on said property. This Affidavit is valid until cancelled or revoked. If the business/property is sold, dissolved, etc., it shall be the responsibility of the Affiant to notify the Plantation Police Department in writing. If for any reason cancellation is desired, it shall be the responsibility of the Affiant to notify the Plantation Police Department in writing of such desire and to remove any Trespass Notice signs.

It is also acknowledged that this Affiant, on behalf of this business/property, will cooperate in the prosecution of anyone arrested pursuant to this Affidavit. This Affiant also agrees to supply the Plantation Police Department with an emergency contact list, to include Affiant's information.

INDEMNIFICATION

The undersigned hereby undertakes and agrees to indemnify and hold harmless the City of Plantation from and against any and all liability or damages the undersigned may suffer as a result of claims, costs or judgments against it arising from the City of Plantation Police Department's enforcement of Florida Statute 810.08 and 810.09, Trespass, on the undersigned's property as more particularly described above.

Signature _____

Email _____

Mailing Address _____

Business Phone _____

Home Phone _____

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, who has produced his/her driver's license(s) as identification and who did not take an oath.

(Signature of Notary Public)

My Commission Expires _____

VERIFICATION

Site survey, emergency and updated contact information completed by **PPDEmployee**:

(Print Name)

(Signature)

(Date)