TRESPASS AUTHORIZATION

OWNER/REPRESENTATIVE	REPORT NO.
PROPERTY ADDRESS	GRID
BUSINESS NAME (IF APPLICABLE)	PHONE
OWNER MAILING ADDRESS: STREET CITY ZIP CODE	PHONE
ADDITIONAL CONTACT PERSON OR INFORMATION	PHONE

To Whom It May Concern:

The City of Tampa Police Department is hereby authorized to remove unauthorized persons from the property identified above and/or issue trespass warnings or otherwise enforce F.S. § 810.08 and/or 810.09 for trespassing.

This authority is granted to the City of Tampa Police Department by the undersigned who represents that he/she is the owner/owner's representative/lessee/other authorized person of said property or business, and who hereby authorizes the officers to enforce trespassing statutes on the property, including the curtilage and parking lots (if applicable). This authority does not obligate the City of Tampa Police Department to patrol the described premises for or at any specific hours or days. This authorization remains in effect until revoked in writing by the undersigned.

It is also acknowledged that I may be called to testify in the prosecution of those persons arrested. If my contact information changes, I will notify the City of Tampa Police Department at _____ Further, I will immediately notify the City of Tampa Police Department if ownership or agent information changes.

_____

Property Owner/Authorized Representative- Printed

_____

Signature

Witness Name Printed _____

Witness Signature _____

Date Authorization Executed _____

TPD 127 (8/16)