

**VILLAGE OF EL PORTAL POLICE DEPARTMENT  
TRESPASS WARNING AGREEMENT AND AUTHORIZATION FORM**

VILLAGE OF EL PORTAL POLICE DEPARTMENT OFFICERS ARE AUTHORIZED REPRESENTATIVES TO ENFORCE TRESPASS VIOLATIONS, ON MY BEHALF, PURSUANT TO §810.08 AND § 810.09, FLORIDA STATUTES, AND TO WARN AND DIRECT PERSONS LEAVE AND MAKE ARRESTS ON THE PROPERTY LOCATED AT:

BUSINESS OR PROPERTY NAME: \_\_\_\_\_,

LOCATED AT: \_\_\_\_\_, IN THE VILLAGE OF EL PORTAL, MIAMI-DADE COUNTY, FLORIDA.

AUTHORITY IS GRANTED BY: \_\_\_\_\_, TITLE: \_\_\_\_\_, AND CERTIFY THAT I AM THE PROPERTY OWNER/LESSOR OF THE PROPERTY OR AUTHORIZED AGENT OF THE PROPERTY OWNER OF THE ABOVE LISTED PROPERTY. AS SUCH, I HEREBY AUTHORIZE THE VILLAGE OF EL PORTAL POLICE DEPARTMENT AND ITS OFFICERS TO ISSUE TRESPASS WARNINGS AND ENFORCE THEM, AS PROVIDED BY LAW, ON SAID PROPERTY INCLUDING THE PARKING LOTS WHEN ANYONE WITHOUT AUTHORIZATION REFUSES TO IMMEDIATELY DEPART AFTER BEING GIVEN A TRESPASS WARNING OR IS FOUND ON THIS PROPERTY FOR A PERIOD OF UP TO 1 YEAR AFTER BEING GIVEN A TRESPASS WARNING.

I AGREE TO APPEAR IN COURT TO ASSIST IN THE PROSECUTION OF ANY ARREST MADE BY THE VILLAGE OF EL PORTAL POLICE DEPARTMENT AS A RESULT OF SIGNING THIS DOCUMENT AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF EL PORTAL FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION IN LAW OR EQUITY WHICH MAY ARISE OUT OF THE VILLAGE OF EL PORTAL POLICE DEPARTMENT'S ACTION AS MY AUTHORIZED REPRESENTATIVE. I FURTHER AGREE TO NOTIFY THE VILLAGE OF EL PORTAL POLICE DEPARTMENT AND REMOVE IMMEDIATELY THE POSTED NOTICE SHOULD I CEASE TO BE THE OWNER/LESSOR OR AUTHORIZED AGENT OF THE PROPERTY.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER (C): \_\_\_\_\_ CONTACT NUMBER (W): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal to the aforesaid Agreement this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally known to me; or has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.



\_\_\_\_\_  
Signature

Notary Public, State of \_\_\_\_\_

(Commission seal; including printed name commission number, and commission expiration date.)