

State Attorney's Victim/Witness Statement

Limited Authorization Trespass Form

Offense Number: _____

Name: _____ Sex: _____ DOB: ____/____/____

Address: _____ City: St. Petersburg State: FL Zip: _____

Home #: _____ Cell #: _____ Other #: _____

Swear under penalty of law that on the _____ day of _____ 20_____

I, _____, authorize the officers of the St. Petersburg Police Department to enter my property with the purpose of determining and/or challenging any subject(s) that may be loitering and trespassing on: _____ (property address/description).

Unauthorized Persons should not be on the property between: (Check one)

_____ AM / PM and _____ AM / PM

or

24 Hours a day

If the subject is in violation of the posted "No Trespassing" signage as required by F.S.S 810.011, or refuses to depart after being warned to do so, I authorize the police department to place the subject(s) under arrest for trespass after warning under F.S.S 810.08 and 810.09, in which I am willing to prosecute as the property owner, lessee, or manager of this property.

Explain the Threat to Public Safety or Welfare as required by F.S.S. 810.08 & 810.09:

_____.

Victim / Witness Signature: _____

Before me this day personally appeared _____, who being duly sworn attests to the truth of his/her statements sworn to and subscribed before this _____ day of _____, 20_____.

Officer's signature after administering oath: _____ Payroll #: _____

Taken in my capacity as a law enforcement officer as defined in F.S.S. 943.10 with the St. Petersburg Police Department and on authority of F.S.S 925.095.

Expiration Date: _____

St. Petersburg Police Department Limited Trespass Authorization

Case Number: _____

Date: _____

I, _____, am the Authorized Person of the following property:

Printed Name

Address

Business Name or Property Description

Pursuant to § 810.08 F.S.S. and § 810.09 F.S.S., I hereby authorize officers of the St. Petersburg Police Department to communicate an Order to Depart to any persons entering into or found upon the above described property.

In the event that any such person(s) be in violation of the posted "No Trespassing" signage as required by F.S.S. 810.011, refuses to depart or returns after being ordered to depart said property, I request said person(s) be arrested. I agree to fully cooperate in the prosecution of any such person(s) arrested. Permission is hereby granted to officers of the St. Petersburg Police Department to enter the aforementioned property for any lawful purpose. I hereby warrant that I have the authority, as the Authorized Person, to deny permission to any person to enter or remain in or upon the described property or properties. This authorization will expire on:

_____ 20____.

I agree to notify the St. Petersburg Police Department and immediately remove the posted notice, should I cease to be the owner/lessee of the above described property.

I further agree to completely indemnify the St. Petersburg Police Department, its agents and assigns for any loss it may suffer as a result of any failure to immediately make the required notification.

Signature of Authorized Person

Contact Information for Authorized Person

Address: _____

Phone Number: _____ Emergency Phone Number: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

(Printed Name of Authorized Person)

who is personally known to me or has produced identification and who did take an oath, and who appeared before me at the time of Notarization.

Officer's Signature AFTER Administering Oath

Taken in my capacity as a law enforcement officer, as defined in § 943.10 F.S.S., with the St. Petersburg Police Department, and on the authority of § 117.10 F.S.S.