



Hover form fields for instructions.

Coral Springs Police Department Trespass Affidavit

Sworn officers of the Coral Springs Police Department are authorized representatives to enforce FS 810.08 and/or 810.09 (Trespass) and warn/direct any person to leave the premise of:

_____ DBA (if applicable)

Legal name of business

Manager/owner name _____ Title _____ Phone _____

Location Street address _____

City _____ State _____ ZIP Code _____

I hereby request and authorize sworn officers of the Coral Springs Police Department to act as my agent to enforce FS 810.08 and/or 810.09 (Trespass) on property and surrounding curtilage (including parking areas) of the above business or property.

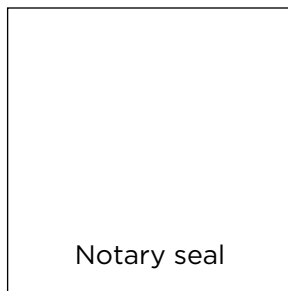
I also acknowledge I will assist with the prosecution of persons arrested by authorized agents of the above business.

Authorized signature & date
(must be signed in blue ink)

STATE OF FLORIDA, COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this day, _____

by _____ who is personally known — or produced _____



Notary seal

Notary public signature
(must be signed in blue ink)