

New Renewal Date: _____

****This Agreement is effective for one calendar year and must be renewed annually.****

Name of Community Development District (CDD): _____

Address: _____

Property Appraiser Map MUST be attached

List of CDD common areas/facilities:

Persons authorized to request action pursuant to this Agreement:

The above listed CDD, by and through its governing body, hereby requests and authorizes the Pasco Sheriff's Office and its members, employees, and agents to issue trespass warnings to persons and/or arrest persons for trespassing within the meaning of Florida Statute(s) who are not authorized on CDD property, as determined by the CDD authorized representative(s). The CDD agrees to comply with Florida Statute Chapter 190, Community Development Districts, and the CDD's enacted rules, regulations, and/or restrictions regarding common areas/facilities, and all governing law, as applicable. In the event any authorized person changes, the CDD shall notify the Pasco Sheriff's Office within five (5) business days.

The above listed CDD agrees to indemnify and hold harmless Chris Nocco, as Sheriff of Pasco County, the Pasco Sheriff's Office, its employees, members, and agents from any suit, action, claim, or other cause of action brought for issuing a trespass warning or effectuating a trespass after warning arrest on CDD property pursuant to a CDD's request to trespass.

The CDD hereby authorizes any Pasco Sheriff's Office deputy, member, or agent to list the authorized CDD representative as the victim/complainant on any charging document from a citation or arrest.

The CDD understands and agrees that by requesting the assistance of law enforcement to effectuate a trespass action, the CDD is attesting they have complied with their CDD rules and regulations and with Florida Statute Chapter 190 and are permitted to trespass the person(s) from CDD property. The CDD understands and agrees they will immediately notify PSO in writing in the event the CDD wishes to rescind a trespass warning.

Name of authorized CDD representative: _____ Signature: _____

Title: _____ Phone Number: _____ Email: _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification.

Notary Public (Signature)

Notary Public Name & Commission Number
(Stamped, Typed, or Printed)