

TRESPASS AGREEMENT NOTICE

Case #: _____ District: _____ Zone: _____

Date: _____

The undersigned, _____,

DL/ID#: _____ State: _____, DOB: _____

Owner, Property Manager Management Responsible Party of the listed property situated in Pasco County, Florida; and more specifically described as:

Business Name: _____

Address: _____ and/or

Parcel ID#: _____

(Property Appraiser Map and Information Sheet MUST be attached)

consisting of _____ acres, more or less; do hereby give notice to the Pasco Sheriff's Office and any other law enforcement agency that anyone found on my land/property, to include all properties, not just Agricultural Land, except for my servants, agents, employees, or members of my family, are trespassing within the meaning of the law and are subject to citation or arrest in the discretion of any deputy sheriff or law enforcement officer with personal knowledge of such trespass. This agreement also authorizes law enforcement to communicate an order to depart the property in the case of a threat to public safety or welfare.

I further authorize any such deputy sheriff or law enforcement officer to list myself as the Victim/Complainant on any charging document resulting from a citation or arrest.

I further agree to indemnify and hold harmless, Chris Nocco, Sheriff of Pasco County, his appointees, agents, servants, insurers, and the Pasco Sheriff's Office from any action, suit, claim or other cause of action brought against him or them for enforcing the trespass laws of the county or state on my property.

This agreement shall remain in effect subject to the following conditions:

- Termination by the owner or designee, or
(This agreement may be terminated by providing notice in writing to the Pasco Sheriff's Office)
- Annual verification of ownership and owner/designee's desire for continued enforcement.

*Please sign agreement and all attachments

Signature

Home Address: _____

Business Phone: _____

Residence Phone: _____

Cell Phone: _____

Email: _____

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

Notary Public (Signature)

Notary Public Name & Commission Number
(Stamped, typed or printed)