

Attached is a Trespass Authorization form. Please notice that Florida Statute 810.09(3) governs the specifics of this authorization.

The signed authorization should be sent to Pinellas County Sheriff's Office, Attn: General Counsel's Office, P. O. Drawer 2500, Largo, FL 33779. Once it is reviewed, you will be sent a letter acknowledging its receipt. The authorization will then be furnished to appropriate personnel in our Communications Center.

**Pinellas County Sheriff's Office
Trespass Authorization - Owner**

I, _____
[Agent/Representative's Name)], as duly authorized agent for _____
_____ **[Property Owner]**,

pursuant to Section 810.09(3), Fla. Stat., hereby request, appoint, and authorize the
Pinellas County Sheriff and his Deputies to communicate orders to leave the
property located at _____

[Address Including City/Physical Description of Property] in situations
involving threats to public safety or welfare.

This authorization will remain in effect until revoked by the property owner
or property owner's authorized agent.

Signature

Date

Title

Telephone

Printed Name

E-Mail Address

Contact Address

City, State & Zip