



LEON COUNTY SHERIFF'S OFFICE
Blanket Trespass Warning Authorization

Sheriff, Leon County
P.O. Box 727
Tallahassee, FL 32302
E-mail: lcsso_trespass@leoncountyfl.gov
Fax: (850)606-3344
ATTN: Office of Legal Counsel

This document hereby authorizes the Leon County Sheriff's Office and its deputies to issue Trespass Warnings on my behalf and to make arrests for violations of the Florida Statute prohibiting the crime of "trespass" on the property located at:

Residence/Business Name: _____

Address/ Parcel Number: _____

Owner(s) Names: _____

I do swear or affirm that I am the **Owner/Lessor** or **Authorized Agent for the Owner/Lessor** of the above listed property. I hereby authorize the Leon County Sheriff's Office and its deputies to issue trespass warnings and enforce them, as provided by law, when anyone without authorization is found on this property. I understand that making a false statement is a crime, a misdemeanor of the 1st degree and punishable as provided under F.S. 837.012.

I agree to appear in court to assist the State with the prosecution of any case made by the Leon County Sheriff's Office as a result of signing this document.

Print Name: _____

Address: _____

The following information is provided in case immediate contact is necessary:

_____ Home Telephone Number _____ Cellular/Pager Number _____ Work Telephone Number

Sworn to and Subscribed before me this _____ day of _____, 20_____

Notary Public/ Law Enforcement Officer _____
Signature of Affiant
Personally Known Identified By I.D. Number/Type: _____

Case Number: _____ Effective Date: _____ Expiration Date: _____

Please notify the Leon County Sheriff's Office of any changes that might effect this authorization (i.e. change of ownership, change of management, etc).

THIS AUTHORIZATION DOCUMENT MUST BE RENEWED EVERY THREE (3) YEARS. IT IS THE OWNER'S, LESSOR'S, or AGENT'S RESPONSIBILITY TO RENEW THIS AUTHORIZATION LETTER.