



Hillsborough County Sheriff's Office
Trespass Authorization Form



In accordance with Florida Statute 810.09, completion of this form authorizes the Hillsborough County Sheriff's Office, through its duly appointed personnel, to issue and enforce trespass warnings on behalf of the owner or agent of the listed property.

Property/
 Business Name: _____

Property Address: _____

Phone Number: _____

I, _____ as owner / agent (*circle one*) of the above listed property, do
(Print Name)
 hereby authorize sworn personnel of the Hillsborough County Sheriff's Office (HCSO) to issue trespass warnings on my behalf. In doing so, I have read and understood the following:

- _____
(Please Initial) Owners or their agents are responsible for issuing trespass warnings during hours of operation and at any other times when they are present. This authorization does not alter an owner/agent's ability to issue warnings as they deem appropriate.
- _____
(Please Initial) HCSO will only issue trespass warnings under this authority upon the determination that an individual presents a threat to public safety or welfare.
- _____
(Please Initial) Issuance of trespass warnings by the HCSO, will be at the sole discretion of the investigating deputy or his/her supervisor.
- _____
(Please Initial) HCSO shall not be held liable for any expenses or damages incurred by the property owner as a result of a deputy's decision not to issue a trespass warning.
- _____
(Please Initial) Change in ownership or agency requires new authorization.

Owner/Agent Signature: _____

Date: _____