



BROWARD SHERIFF'S OFFICE TRESPASS AFFIDAVIT

Sworn deputies of the Broward Sheriff's Office are authorized representatives to enforce FS 810.08 and/or 810.09 (Trespass) and warn/direct any person to leave the premise of

(Legal Business Name) _____,

D.B.A. _____,

Address/Telephone: _____,

Broward County, Florida. Authority is granted by (Name) _____

_____ in the position of (Manager/Owner) _____.

- ☐ I hereby request and authorize sworn deputies of the Broward Sheriff's Office to act as my agent to enforce FS 810.08 and/or 810.09 (Trespass) on property and surrounding curtilage (including parking areas) of the above business or residence.
- ☐ I hereby request and authorize sworn deputies of the Broward Sheriff's Office to act as my agent to enforce FS 810.08 and/or 810.09 (Trespass) as long as the property is posted pursuant to FS 810.011 (Vacant land or property without a structure or conveyance).

I also acknowledge I will assist with the prosecution of persons arrested by authorized agents of the above business.

Authorized Signature/Title

Date

**STATE OF FLORIDA
COUNTY OF BROWARD**

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

NOTARY PUBLIC

Print, Type, or Stamp Commissioned Name of Notary Public

PZB

BSO RP#87 (Revised 04/18)

**PZ22- 12000032
02/25/2026**