



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: CARROLLWOOD VILLAGE PHASE II HOA, INC.

Property Address: 4520 ENRIKH RD / FOLIO NO. 018956-0800; 018959-6002; 018959-6362;

LEGAL ADDR: 4131 EVNN AVE., TAMPA, FL 33618

018959-6102; 018959-6004

Phone Number: 813-240-3807 VAN CHANDLER, PROP. MGR.

I, WILLIAM DEMARE

PRESIDENT

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:

WJD
(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.

WJD
(Please Initial)

HCSO will only issue trespass warnings under this authority upon the determination that an individual willfully enters the property, without being authorized, licensed, or invited; or if the person presents a threat to public safety or welfare.

WJD
(Please Initial)

Issuance of trespass warnings by the HCSO, will be at the sole discretion of the investigating deputy or his/her supervisor.

WJD
(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.

WJD
(Please Initial)

This authorization is valid for no more than one year from the date signed.

WJD
(Please Initial)

Change in ownership or agency requires new authorization.

Owner/Agent Signature: WJD

Date: 01/24/18

Deputy Signature: [Signature]

ABN: 224846

Date: 01/29/18

District: 3

CRD Area: _____

Sheriff's Office Only: The original form shall be kept on file at the respective district. Deputies testifying in court need to provide a certified copy of the original authorization form to the court. When deputies request a copy of the form, desk deputies shall make a copy of the original form and sign on the line below to indicate the document is a true copy of the original authorization form.

Desk Deputy Signature: [Signature]

224866



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Property/

Business Name: CARROLLWOOD VILLAGE PHASE II HOA, INC.

Property Address: 4580 ENRIKA RD / FOLIO NO. 018556-0800; 018959-6002; 018959-6362;

LEGAL ADDR: 4131 EVNN HWY., TAMPA, FL 33618

018959-6102; 018959-6004

Phone Number: 813-240-3807 VAN CHANDLER, PROP. MGR.

I, WILLIAM DEMARE PRESIDENT as owner / agent (circle one) of the above listed property, do
(Print Name)

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WJD
(Please Initial)

This authorization is valid for no more than one year from the date signed.

WJD
(Please Initial)

Change in ownership or agency requires new authorization.

Owner/Agent Signature: WJD

Date: 01/24/10

Deputy Signature: _____

ABN: _____ Date: _____

District: _____

CRD Area: _____

Sheriff's Office Only: The original form shall be kept on file at the respective district. Deputies testifying in court need to provide a certified copy of the original authorization form to the court. When deputies request a copy of the form, desk deputies shall make a copy of the original form and sign on the line below to indicate the document is a true copy of the original authorization form.

Desk Deputy Signature: _____