

MIAMI POLICE DEPARTMENT OFFICERS ARE AUTHORIZED REPRESENTATIVES TO ENFORCE STATE STATUTE 810.09, TRESPASS, AND TO WARN AND DIRECT PERSONS LEAVE.

LOCATION NAME: _____

PROPERTY LOCATED AT: _____

MIAMI, MIAMI-DADE COUNTY, FLORIDA.

AUTHORITY IS GRANTED BY: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

WHO IS THE: _____ OF SAID BUSINESS, AND WHO HEREIN REQUEST THE OFFICERS TO ENFORCE SAID STATUTE ON SAID PROPERTY INCLUDING THE PARKING LOTS.

IT IS ALSO ACKNOWLEDGED THAT THE UNDERSIGNED WILL AID IN THE PROSECUTION OF THOSE PERSONS ARRESTED, AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE CITY OF MIAMI FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION IN LAW OR EQUITY WHICH MAY ARISE OUT OF THE CITY OF MIAMI POLICE DEPARTMENT'S ACTION AS MY AUTHORIZED REPRESENTATIVE.

Signature

STATE OF FLORIDA

COUNTY OF MAIMI-DADE

IN WITNESS WHEREOF, I have hereunto set my hand and seal to the aforesaid Agreement this _____ day of _____, _____.

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____ as representative of _____, personally known to me; or [] has produced _____ as identification, and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, _____.



Signature

Notary Public, State of _____

(Commission seal; including printed name commission number, and commission expiration date.)