



POLICE

WILTON MANORS

Paul O'Connell, Chief of Police

2020 Wilton Drive
Wilton Manors, FL 33305

TO WHOM IT MAY CONCERN:

We would greatly appreciate your cooperation in updating the enclosed *Wilton Manors Police Department Trespass Affidavit* form. We ask all business property owners to update these affidavits annually for officers to be able to enforce trespassing statutes on the business' property. Business owners are required to post "No Trespassing" signs which can be picked up at the Wilton Manors Police Department Monday-Friday between 7:00 A.M. and 10:00 P.M. and Saturday between 10:00 A.M. and 5:00 P.M.

Below you will find a blank Trespass Affidavit which should be filled out completely, signed, and notarized by a notary or Law Enforcement Officer and returned to Wilton Manors Police Department at your earliest convenience. Should you have any questions, please feel free to contact the Wilton Manors Police Department at (954) 390-2150 Monday-Friday between 7:00 A.M. and 10:00 P.M. and Saturday between 10:00 A.M. and 5:00 P.M.

Sincerely,

Assistant Chief Gary Blocker

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Wilton Manors Police Department



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TRESPASS AFFIDAVIT

To Whom It May Concern:

Wilton Manors Police Department Officers are authorized representatives to enforce State Statute 810.08 and 810.09, Trespass, and to warn and direct unauthorized persons in accordance with said

State Statute, to leave _____ property, at _____ Wilton Manors, Broward County, Florida.

Authority is granted by _____ who is the _____ of said business, and property, and who herein requests the officers to enforce said State Statute on said property including the parking lots.

It is also acknowledged that the undersigned will assist with the prosecution of those persons arrested. The undersigned will also post the necessary, "No Trespassing" signs, so Statute may be enforced.

SIGNATURE _____

PRINT NAME _____

TITLE _____

BUSINESS PHONE _____

CELL PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

State of Florida
County of Broward

Signed and sworn (or affirmed) to before me on _____, _____ by
(MONTH/DATE) (YEAR)

_____. He/She is personally known to me or has produced
(NAME OF AFFIANT)
_____ as identification.
(TYPE OF IDENTIFICATION/NUMBER)

SIGNATURE OF NOTARY OR POLICE OFFICER

PRINT NAME OF NOTARY OR POLICE OFFICER

NOTE: THIS DOCUMENT SHALL EXPIRE IN ONE YEAR FROM THE DATE OF SIGNING THIS DOCUMENT. ** PLEASE RENEW PRIOR TO EXPIRATION ******