

Parcel #:

Start: Expire:

Office Use

Office Use



NEW or RENEWAL

Please Return Form to: Daytona Beach Police Department 129 Valor Blvd., Daytona Beach, FL 32114 or email: JasminskiHeather@DaytonaBeach.gov Ph: 386-671-5364

To: Daytona Beach Police Department

District #:

Date:

This letter is to advise you that no persons are permitted on the premises located at: (property address)

Street number

Street name

(Circle one) When Closed- Business ONLY

OR 24 Hours- (Vacant Building, Vacant Residence, Vacant Lot)

as posted on the premises. The premises shall include the building and surrounding property owned or controlled by the affiant.

Property type: (Circle one) Business, vacant building, vacant residence, vacant lot

You are hereby authorized to direct persons to leave the premises, to issue trespass warnings, to make trespass-related arrests, and to otherwise act on my behalf in removing trespassers from the property.

The authorization shall continue for twelve (12) calendar months from the date signed above for vacant buildings and vacant residences and (24) calendar months from the date signed above for businesses and vacant lots or if canceled in writing by my request or by the Chief of Police.

Business Telephone #

Affiant (please print)

Cellphone #

Affiant (signature)

Email Address (please print)

Affiant's title (owner/mgr./tenant/POA)

STATE OF FLORIDA COUNTY OF VOLUSIA

Sworn to and subscribed before me this ___ day of _____ 20___, by _____, who is personally known to me or who has produced _____ who did (did not) take an oath.

Notary Public, State of Florida, OR Law Enforcement Officer and ID# Per FSS 117.10

My Commission Expires: _____

Commission Number: _____

Site Inspection: Officer _____ I.D. # _____ Date _____ P / F

TRESPASS ARREST SITE FORM

Property Parcel #: _____
(found on your property assessors' website)

Business Name: (if applicable) _____

Apt. or Unit/Suite Number:(if applicable) _____
(Specify area of residential property)

Property/Business Owner's Name: (please print) _____

Property/Business Owner's Mailing Address _____

City _____ **State** _____ **Zip** _____

Best Contact Telephone #: _____

Best Contact Email Address: _____

Cellular Phone # : _____

Co-owner/Manager's Name: (if applicable) _____

Co-owner/Manager's Telephone # : _____

Co-owner/Manager's Email Address: _____