



Start: _____ Expire: _____

The CITY OF DAYTONA BEACH

"THE WORLD'S MOST FAMOUS BEACH"

NEW OR RENEW

To: Daytona Beach Police Department

District# _____

Date: _____

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

(Circle one) When Closed- Business ONLY

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.

Telephone #

Affiant (please print)

Cell/ Work #

Affiant (Signature)

Email Address

Title

**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 _____ and who did (did not) take an oath.

Notary Public, State of Florida or Law Enforcement Officer and I.D. #
Per FSS 117.10

My Commission Expires _____
Commission Number _____

Site Inspection: Officer _____ I.D. # _____ Date _____

TRESPASS ARREST SITE FORM

Property Parcel# _____

Address of: (Business/Vacant Building/Vacant Residence/Vacant Lot.
(Please circle one of the above)

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 _____

Property Owner's Telephone # _____

Property Owner's Work Telephone # _____

Property Owner's Cellular Phone # _____

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

Co-owner/Manager's Residence Address _____

City _____ State _____ Zip _____

Co-owner/Manager's Telephone # _____

Co-owner/Manager's Work Telephone # _____

Co-owner/Manager's Cellular Phone # _____