

“WE CARE” SIGN AFFIDAVIT

TO WHOM IT MAY CONCERN:

I, _____, AM THE OWNER OF THE
BUSINESS/PROPERTY _____ LOCATED AT
(BUSINESS NAME)
_____, HIALEAH, FLORIDA.
(ADDRESS)

I DO HEREBY AUTHORIZE AND REQUEST OFFICERS OF THE CITY OF
HIALEAH POLICE DEPARTMENT TO SERVE AS AUTHORIZED PERSONS IN
ENFORCING SECTION 810.09, FLORIDA STATUTES (1991), WITH REGARDS TO
TRESPASS AFTER WARNING.

UNDERSIGNED FURTHER AGREES TO AID IN THE PROSECUTION OF THOSE
PERSONS ARRESTED, BY APPEARING IN COURT AND TESTIFYING AT
THE STATE’S REQUEST.

(SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20____

(NOTARY SEAL)
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

PRINT, TYPE OR STAMP, COMMISSIONED
NAME OF NOTARY PUBLIC

PERSONALLY KNOWN: _____, OR PRODUCED IDENTIFICATION: _____

TYPE OF IDENTIFICATION PRODUCED: _____