

Tracking # _____

**POLK COUNTY SHERIFF'S OFFICE
AGENT AGREEMENT**

I/we the undersigned property owner(s), being fully aware of our legal and constitutional property rights, do individually and/or collectively appoint Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, and his Deputy Sheriffs as our agents for the following purposes:

1. I/we freely agree to allow any Deputy Sheriff working for the Polk County Sheriff's Office access to each of our properties described herein, in order to seek out and arrest those individuals who may be trespassing thereon or otherwise engaged in illegal activities; and,
2. To perform any and all duties on our property as they may be directed to do in their capacity as a Deputy Sheriff.

I/we further agree to:

1. Immediately notify the Polk County Sheriff's Office in writing prior to the expiration date of this Agreement if I/we sell said property; and,
2. I/we the undersigned property owner(s), have control over said property. I/we further agree to post said property under Section 810.011, Florida Statutes; and,
3. Grady Judd, as Sheriff of Polk County, agrees to pursue all individuals found trespassing to the extent allowed by Section 810.09(2), Florida Statutes.

*****PLEASE FILL IN ALL BLANKS ON BOTH SIDES OF THIS FORM / MUST BE NOTARIZED*****

Sworn to and subscribed before me
this ____ day of _____, 20____.

Property Owner's Signature

Notary/Law Enforcement Officer's Signature

Name of Property Owner(s)

Owner's Mailing Address

Daytime:

Nighttime:

Owner's Telephone Numbers

City

State

Zip Code

Tracking # _____

Name of Property/Business

Physical Address of Property

Caretaker's Name

City

State

Zip Code

Daytime: _____

Nighttime: _____

District: _____ Sector: _____

Caretaker's Telephone Numbers

Effective Date: _____ Expiration Date: _____

Comments: _____

** Please attach any specific instructions, maps, etc., which you have in regard to your property.