Manalapan Police Department

600 South Ocean Boulevard
Manalapan, Florida 33462-3398
Phone 561-585-4030 **Fax 561-547-7815**

TRESPASS AUTHORIZATION AFFIDAVIT

I, _____ (Full Name), as the Owner, Lessee or Authorized Representative for _____ (Business Entity or residence Name), located at _____, Manalapan, Florida, authorize the Town of Manalapan Police Department to enforce Florida State Statute 810.08 and 810.09 TRESPASS, and to warn and direct unauthorized persons to leave said property, including the parking lots thereof if properly posted in compliance with the applicable Florida State Statutes. I also agree to prosecute any person arrested by the Manalapan Police Department.

Further, I hereby consent and release the Town of Manalapan from any and all actions related to this trespass authorization affidavit. I further indemnify and hold harmless the Town of Manalapan, its officers, agents and employees acting officially or otherwise from any and all claims, causes of action brought by any person, corporation, partnership whatsoever, arising out of this trespass authorization affidavit. Nothing herein shall be deemed a waiver of the Town's sovereign immunity as set forth in Florida Statute 768.28.

_____
Signature Date

_____
Printed Name and Title
Property Management Company Name, if applicable:
_____
Address: _____
_____
Phone Number: _____
Email: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____day of _____, 20_____, by _____ (name of person), as _____(type of authority) for _____(name of Business Entity/Party on behalf of whom instrument was executed).

Personally known _____OR Produced Identification
Type of Identification Produced _____

_____
Notary Public – State of Florida

4/2025