



Hillsborough County Sheriff's Office
Trespass Authorization Form



In accordance with Florida Statute 810.09, completion of this form authorizes the Hillsborough County Sheriff's Office, through its duly appointed personnel, to issue and enforce trespass warnings on behalf of the owner or agent of the listed property.

Property/
Business Name: Sabal Pointe Townhome POA
Property Address: 4230 Key Thatch Drive
Tampa, FL. 33610
Phone Number: (954) 243-0291

I, Andrew George as owner/agent (circle one) of the above listed property, do
(Print Name)
hereby authorize sworn personnel of the Hillsborough County Sheriff's Office (HCSO) to issue trespass warnings on my behalf. In doing so, I have read and understood the following:

- AG Owners or their agents are responsible for issuing trespass warnings during hours of operation and at any
(Please Initial) other times when they are present. This authorization does not alter an owner/agent's ability to issue warnings as they deem appropriate.
- AG HCSO will only issue trespass warnings under this authority upon the determination that an individual
(Please Initial) presents a threat to public safety or welfare.
- AG Issuance of trespass warnings by the HCSO, will be at the sole discretion of the investigating deputy or
(Please Initial) his/her supervisor.
- AG HCSO shall not be held liable for any expenses or damages incurred by the property owner as a result of
(Please Initial) a deputy's decision not to issue a trespass warning.
- AG Change in ownership or agency requires new authorization.
(Please Initial)

Owner/Agent Signature: [Signature] Date: 09/16/2025
Deputy Signature: _____ ABN: _____ Date: _____
District: _____ CRD Area: _____