



# CITY OF MIAMI Maintenance of Lots Registration Form

PROPERTY ADDRESS: \_\_\_\_\_

FOLIO NO.: \_\_\_\_\_

OWNER'S NAME \*: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

OWNER'S BUSINESS PHONE: \_\_\_\_\_

OWNER'S EVENING PHONE: \_\_\_\_\_

OWNER'S 24-EMERGENCY PHONE: \_\_\_\_\_

OWNER'S E-MAIL ADDRESS: \_\_\_\_\_

AGENT OR RESPONSIBLE PARTY: \_\_\_\_\_

BANK / FINANCIAL INSTITUTION CONTACT INFO.: \_\_\_\_\_

TYPE OF STRUCTURE: (Please check one)     Residential     Commercial

I, \_\_\_\_\_, authorize the City of Miami and its agents to enforce trespassing violations or other unauthorized/unlawful activity on the premises. I certify that I am authorized to enter into such an agreement with the City of Miami.

\*\*\*\*\*

Subscribed and sworn to before me in the county of _____, State of Florida, this _____ day of _____, 20____.	
	_____ (Notary's official signature)
NOTARY SEAL	_____ (Commission expiration date)

\* If property is owned by a Corporation, Limited Partnership or LLC, please complete the following:

Principal Officer or Managing Member: \_\_\_\_\_

24-Hour Contact Information: \_\_\_\_\_

\*\*\*\*\*

**THIS SECTION FOR USE BY DEPARTMENT OF NET ADMINISTRATION ONLY**

Date Application Submitted: \_\_\_\_\_ Date Entered in Records: \_\_\_\_\_ Processed by: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

MIAMI POLICE DEPARTMENT OFFICERS ARE AUTHORIZED REPRESENTATIVES TO ENFORCE STATE STATUTE 810.09, TRESPASS, AND TO WARN AND DIRECT PERSONS LEAVE.

LOCATION NAME: \_\_\_\_\_

PROPERTY LOCATED AT: \_\_\_\_\_

MIAMI, MIAMI-DADE COUNTY, FLORIDA.

AUTHORITY IS GRANTED BY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WHO IS THE: \_\_\_\_\_ OF SAID BUSINESS, AND WHO HEREIN REQUEST THE OFFICERS TO ENFORCE SAID STATUTE ON SAID PROPERTY INCLUDING THE PARKING LOTS.

IT IS ALSO ACKNOWLEDGED THAT THE UNDERSIGNED WILL AID IN THE PROSECUTION OF THOSE PERSONS ARRESTED, AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE CITY OF MIAMI FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION IN LAW OR EQUITY WHICH MAY ARISE OUT OF THE CITY OF MIAMI POLICE DEPARTMENT'S ACTION AS MY AUTHORIZED REPRESENTATIVE.

\_\_\_\_\_  
Signature

STATE OF FLORIDA

COUNTY OF MAIMI-DADE

IN WITNESS WHEREOF, I have hereunto set my hand and seal to the aforesaid Agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_ as representative of \_\_\_\_\_, personally known to me; or [] has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Signature

Notary Public, State of \_\_\_\_\_

(Commission seal; including printed name commission number, and commission expiration date.)