



Sheriff Grady Judd

Polk County

1891 Jim Keene Blvd. • Winter Haven, FL 33880-8010 • Phone: 863.298.6200 • www.polksheriff.org

Dear Agri-Business Person:

Thank you for your interest in the "Agriculture Watch" program. This program is sponsored by the Polk County Sheriff's Office to assist the agri-business community in safeguarding their property and livelihood. This endeavor provides for a more efficient identification of landowners and their respective properties and greatly assists the successful prosecution of agricultural related crimes.

Some of the proceeds also benefit the Polk County Sheriff's Office Explorer Post 001, which is sponsored by Boy Scouts of America. In addition to the cost of the sign we would like to offer you an opportunity to donate to the Explorer Post as a fund raising benefit. We have enclosed information on the Explorer Post to give you an idea of what they are all about.

Qualified participants may purchase the 24" x 18" metal sign which reads, "No Trespassing By Order of The Sheriff", at a cost of only **\$19.00 each, this includes tax**. The signs are custom made to include the name of the property owner, such as "ABC Cattle Co.", "XYZ Groves", etc. and a code number assigned to provide instant access to owner information for the deputy in the field.

Enclosed are two forms you will need to complete to participate in the program. First is an Agent Agreement, this allows the deputies to take action on the posted property and permit them to seek out and arrest persons who may be trespassing or otherwise engaged in illegal activities. Signing the Agent Agreement is optional; however, it will allow us to take action in your absence.

The following information must be provided for legal execution of this agreement:

1. Provide a street address or a map outlining the property or the plot number for your property, obtained from the Property Appraisers Office. An Agent Agreement is needed for each piece of property.
2. Provide a caretaker's name and phone number (the owner or a personal representative of the owner).
3. Notarize the form.

The second form is the sign information sheet. This information will be entered into the Business Emergency Numbers System which is maintained by the Sheriff's Office Communications Center.

If you have any questions about the program or the Agricultural Unit, please call us at (863) 534-7205. Please return your information to the attention of the Agricultural Crimes Unit.

Sincerely,

GRADY JUDD
SHERIFF, POLK COUNTY

Robert Sessions, Lieutenant
Special Operations Division
Support Section

RS:bc

**POLK COUNTY SHERIFF'S OFFICE
SUPPORT SECTION**

AGRICULTURAL WATCH DECAL/SIGN PROGRAM

Decal Number: _____

Name to Appear on Sign: _____ Phone: _____

Mailing Address: _____

City: _____ Type of Business: _____

1st Contact Name: _____ Phone: _____ Day: _____
Evening: _____

2nd Contact Name: _____ Phone: _____ Day: _____
Evening: _____

Agent Agreement: Yes No

Date Completed: _____

Notes and Comments: _____

Number of Signs Purchased: _____

Please make checks payable to **PCSO EXPLORER POST 001**

Florida Statutes 810.011

(5) (a) "Posted Land" is that land upon which signs are placed not more than 500 feet apart along and at each corner of, the boundaries of the land which signs there appears prominently, in letters not less than 2" in height, the words "no trespassing" in addition thereto the name of the owner, lessee or occupant of said land. Said signs shall be placed along the boundary line in a manner and in such position as to be clearly noticeable from outside the boundary line.

(6) "Cultivated Land" is that land which had been cleared of its natural vegetation and is presently planted with a crop, orchard, grove, pasture or trees or is fallow land as part of crop rotation.

(7) "Fenced Land" is that land which had been enclosed by a fence of substantial construction whether with rails, logs, post and railing, iron, steel, barbed wire, other wire or other material which stands at least three (3) feet in height. For the purpose of this chapter it shall not be necessary to fence any boundary or part of a boundary of any land which is formed by water.

(8) Where lands are posted, cultivated or fenced as described herein, then said lands, for the purpose of this chapter, shall be considered as enclosed and posted.

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.