**TRESPASS TOWING/IMMOBILIZATION AGREEMENT**

**PROPERTY INFORMATION**

PROPERTY NAME: Click here to enter text.

PROPERTY ADDRESS: Click here to enter text.

PROPERTY OWNER/AUTHORIZED AGENT NAME: Click here to enter text.

PHONE NUMBER: Click here to enter text. EMAIL ADDRESS: Click here to enter text.

***BILLING ADDRESS (IF DIFFERENT FROM ABOVE):***

NAME: Click here to enter text.

ADDRESS: Click here to enter text.

CITY, STATE, AND ZIP CODE: Click here to enter text.

**TOWING/IMMOBILIZATION SERVICES PROVIDER**

SERVICE PROVIDER COMPANY NAME: Click here to enter text.

SERVICE PROVIDER ADDRESS**:** Click here to enter text.

**VALIDITY PERIOD OF THIS AGREEMENT**

START DATE: Click here to enter a date.

END DATE: Click here to enter a date.

\*\*\*\*\*The time period of this agreement is not to exceed one year\*\*\*\*\*

**TOWING/IMMOBILIZATION SERVICES INFORMATION**

**CHECK BELOW ON ANY SERVICES BEING PROVIDED THAT APPLY**

[ ]  **IMMOBILIZATION** - PLACING A DEVICE ON A VEHICLE WHICH DISABLES ITS NORMAL OPERATION OR MOVEMENT.

**CHECK DESIRED DAYS/HOURS FOR IMMOBILIZATION:**

A) [ ] SUN [ ] MON [ ] TUE [ ] WED [ ] THU [ ]  FRI [ ] SAT [ ]  **7 DAYS A WEEK**

B) BETWEEN THE HOURS OF: Click here to enter text. AND Click here to enter text. OR [ ]  **24 HOURS/DAY**

[ ]  **ROAM TOWS** - REMOVAL OF VEHICLES UNDER THE PREDETERMINED CIRCUMSTANCES SET FORTH BELOW BY PROPERTY OWNER/AGENT

**CHECK DESIRED DAYS/HOURS FOR ROAM TOWING:**

A) [ ] SUN [ ] MON [ ] TUE [ ] WED [ ] THU [ ]  FRI [ ] SAT [ ]  **7 DAYS A WEEK**

B) BETWEEN THE HOURS OF: Click here to enter text. AND Click here to enter text. OR [ ]  **24 HOURS/DAY**

[ ]  **CALL-IN TOWS** - REMOVAL OF VEHICLES WHEN CALLED BY OWNER/AUTHORIZED AGENT OF SAID

 PROPERTY (IES). OWNER/AGENT RESERVES THE RIGHT TO REQUEST A CALL-IN TOW AT ANY TIME.

 THIS IS ALWAYS THE DEFAULT OPTION FOR ANY PRIVATE REAL PROPERTY WITH A TOWING AGREEMENT.

**CHECKLIST**

**The following items on the checklist below must be completed and/or attached in**

**order to process this agreement.**

[ ]  COMPLETED TRESPASS TOWING/IMMOBILIZATION AGREEMENT

[ ]  ATTACHED MAP OR LEGAL DESCRIPTION OF THE PROPERTY

[ ]  RESIDENTIAL PROPERTIES MUST ATTACH COPY OF LEASE OR ANY ADDENDUM NOTIFYING TENANTS THAT THE RESIDENTIAL PROPERTY UTILIZES ROAM TOWING

 [ ]  PAYMENT FOR TRESPASS TOW PERMIT ATTACHED

  **\*\*\* The administrative fee can only be paid by the Property Owner or Authorized Representative\*\*\***

**SIGNATURES**

 *IF PROPERTY OWNERSHIP/MANAGEMENT CHANGES, THE PROPERTY OWNER/AGENT IS REQUIRED TO NOTIFY THE GAINESVILLE POLICE DEPARTMENT AND THE CONTRACTED TOW/IMMOBILIZATION COMPANY IN WRITING WITHIN 24 HOURS. A NEW COMPLETED AGREEMENT AND APPLICATION FEE MUST BE SUBMITTED TO THE GAINESVILLE POLICE DEPARTMENT BEFORE TOWING WILL BE AUTHORIZED BY ANOTHER COMPANY****.***

*THIS AGREEMENT IS NOT VALID UNTIL ALL FORMS ARE PROPERLY COMPLETED AND THE ADMINISTRATIVE FEE AS SET FORTH IN APPENDIX A SCHEDULE OF FEES, RATES, AND CHARGES OF THE GAINESVILLE CODE OF ORDINANCES FOR EACH PROPERTY LOCATION IS PAID BY THE* ***PROPERTY OWNER****.* ***THE ADMINISTRATIVE FEE IS TO BE PAID ANNUALLY.***

*BOTH THE PROPERTY OWNER/MANAGER AND AUTHORIZED REPRESENTATIVE CERTIFY THAT THEY HAVE READ AND ARE IN COMPLIANCE WITH FLORIDA STATUTE 715.07 AND CHAPTER 14.5, ARTICLE III OF THE GAINESVILLE CODE OF ORDINANCES.*

Click here to enter text. Click here to enter text.

PRINT NAME PRINT NAME

PROPERTY OWNER/AGENT SIGNATURE TOW/IMMOBILIZATION AGENT SIGNATURE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_