



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Office of Agricultural Law Enforcement

ELECTRONIC SURVEILLANCE FORM
PERSON/TELEPHONE/RESIDENCE/VEHICLE/BUSINESS

OALE CASE NUMBER: _____

TO WHOM IT MAY CONCERN:

This is to certify that I do hereby give authority and consent to agents of the Office of Agricultural Law Enforcement, Florida Department of Agriculture and Consumer Services, to attach or install electronic and/or mechanical listening and/or recording equipment to my person and/or my telephone number of:

_____ located at: _____ ;

and/or in an automobile for as long as my assistance is required by the Office of Agricultural Law Enforcement, Florida Department of Agriculture and Consumer Services, to make use of anything heard and/or recorded over said equipment in any criminal or civil prosecution under state and federal laws. This authorization is given freely and voluntarily by me without coercion, duress, or threats of any kind.

Last Name
(Please Print)

First Name
(Please Print)

Signature

Dated the _____ day of _____ 20____.

Witness Last and First Name
(Please Print)

Witness Signature

Witness Last and First Name
(Please Print)

Witness Signature