

## **Private Graffiti Removal Program Authorization and Consent Form**

(Please complete the form legibly with printed text)

PROPERTY OWNER'S NAME:			
PROPERTY OWNER'S PHONE NUMBER:			
PROPERTY OWNER'S E-MAIL:			
*Property Information: List property addresses individually & use another form if you have more than three properties.			
Check the box if you have graffiti on your property	PROPERTY ADDRESS	TACOMA, WA	ZIP CODE
		TACOMA, WA	
		TACOMA, WA	
		TACOMA, WA	
The undersigned acknowledges that (s)he is the owner or the owner's authorized representative of the property referenced above and declares:			
I hereby request and authorize the City of Tacoma, or its contractor, under the Private Graffiti Removal Program to enter onto my property, if needed, to remove graffiti at the above location(s). I understand that it is solely at the discretion of the City or its contractor, as to what method or manner is used to remove the graffiti on my property. I hereby hold harmless and release the City of Tacoma, its officers, employees, agents, contractors and volunteers from any and all liability, claims, demands, causes of action or obligation whatsoever, known and unknown, directly or indirectly, arising out of or relating to entry on my property for the purpose of removing graffiti in accordance with the Private Graffiti Removal Program including, without limitation, all liability claims or demands for personal injury, death and property damage, and the appearance or condition of the property.			
I acknowledge that this permission is good from the date of signature until January 1, 2027 unless I sell the above property prior to that date. At the time of sale, I will notify the City so that a new permission may be obtained from the owner of record.			
Furthermore, I understand that this is a project performed at the discretion of the City of Tacoma or its Contractor. Receipt of this permission slip does not guarantee service and is based on available funds. Under the Tacoma Municipal Code, the property owner is responsible for the removal of graffiti from their property.			
I hereby acknowledge that I am state that this information is correquest.			-
PRINT NAME:  Property Owner or Authorized Represe	entative		
		DATE	
SIGNATURE:	entative	DATE:	<del></del>

Please complete and email this authorization form to <a href="mailto:graffiti@cityoftacoma.org">graffiti@cityoftacoma.org</a>
\*Only properties within the City of Tacoma will be considered for participation in this program.