



Rapid Graffiti Removal Authorization and Consent Form (Please Print)

PROPERTY OWNER'S NAME (Please Print): _____

Phone Number: _____

E-mail Address: _____

PROPERTY ADDRESS(ES) (List properties individually by address, use another form if more than 3 properties)	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 Rapid 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 Rapid Graffiti Removal Program including, without limitation, all liability claims or demands for personal injury, death and property damage, the appearance or condition of the property.

I acknowledge that this permission is good from the date of signature until January 1, 2023 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.

Signature: _____ Date: _____
Property Owner or Authorized Representative

Authorized Representative Name (Please Print): _____

I hereby acknowledge that I am the rightful property owner or authorized representative, and fully state that this information is correct and true, and grant the City of Tacoma the ability to carry out this request.
Initial