

Waiver for Free Graffiti Removal



- CONSENT TO ENTER AND RELEASE OF LIABILITY -

This form can be completed and submitted electronically at www.nyc.gov/graffitifreeNYC

Step 1: Read and Sign

As the Property Owner or authorized representative of the Property Owner, I grant consent to the City to enter the property identified below in "Step 2" for the purpose of removing graffiti. For the purposes of this Consent, "the City" means personnel and equipment of the City of New York, its agents and employees and/or a community organization designated by the City. The City may remove graffiti in the manner it deems appropriate, including but not limited to, by power-washing, painting or the use of chemical solvents.

The City will, in good faith, attempt to remove the graffiti from the property. However, by signing below, I understand that: 1) the graffiti removal services shall be performed as deemed appropriate by the City; 2) the City does not in any way obligate itself to perform any graffiti removal services other than those deemed appropriate by the City; and 3) the City assumes no responsibility if the area cleaned or painted by the City does not match the remainder of the property, or if some residue of existing graffiti remains. I indemnify and hold the City harmless from any liability for physical injury, death, or property damage arising from the performance of graffiti removal services on the property pursuant to this Consent, unless such liability arises entirely from the actions or conduct of the City, its agents, employees, or independent contractors. This Consent shall be effective until terminated in writing by the Property Owner, or by the Authorized Representative of the Owner.

(Check one): Property Owner
 Authorized Representative of Owner

_____ Date

_____ Signature

_____ Property Owner Name (if signed by Authorized Representative)

_____ Print Name

_____ Property Owner Phone Number

Step 2: Provide Contact Information of Property with Graffiti

Name of Business (if applicable): _____

Street Address: _____

Borough and Zip: _____

Phone Number: _____

E-mail: _____

Step 3: Choose Cleaning Method (optional)

(Check one: Paint Color -or- Power Wash)

Paint Color: Gray _____ Brick Red _____

Black _____ White _____

Other (specify) _____

Power Wash: _____

Step 4: Return by MAIL or FAX to

Department of Sanitation

Community Liaison Unit

346 Broadway, 10th Floor

New York, NY 10013

Fax: (646) 613-1883

It is recommended that you retain a copy of the completed waiver for your records and alert any tenants or lessees of the upcoming graffiti cleaning.

Office Use Only: SR#: _____

DSNY:

PD:

IBZ:

For more information, call 3-1-1 or refer to: www.nyc.gov/graffitifreeNYC