



CITY OF SAN MARCOS
GRAFFITI REMOVAL AUTHORIZATION

I (We), _____ the owner(s) of the property located at (main property) _____, San Marcos, California, or agents representing the property owner, hereby authorize the City of San Marcos and it's officers, agents, contractors and employees to remove graffiti from said property by repainting, sandblasting, or other appropriate graffiti removal technique.

I hereby release and hold harmless the City of San Marcos, it's officers, agents, contractors, and employees from any and all claims, demands, causes of action or obligation whatsoever arising out of or relating to entry on this property or the purpose of graffiti eradication, including, but not limited to, those arising from incidental damage to shrubs, plants and other vegetation as well as those related to the appearance of the property as the result of the graffiti eradication work.

I understand that the City of San Marcos will not repaint any more extensive area than that where the graffiti is located. I further understand that every effort will be made to match existing colors; however, an exact match might not be provided. I also understand that if I want to be assured that I will be satisfied with the color of paint being used, I can furnish the paint with the color I desire.

PLEASE CHECK THE APPROPRIATE RESPONSE(S):

- I will be able to supply paint or other removal equipment. Contact me to finalize the arrangements.
- I will not be able to supply paint or other removal equipment and understand that paint used by the City might not match the existing color.
- I agree to remove the graffiti myself and will do so on or after the date listed below.

REPEATED GRAFFITI REMOVAL AUTHORIZATION:

I further authorize the City of San Marcos graffiti crew and employees to remove graffiti from the property referenced above as and when it might reappear. I understand that this authorization can be rescinded by me at any time upon written notice of such recession being delivered to the City at the address referenced below.

Name (please print) Date _____

Mailing address City State Zip

Signature(s)

Home Telephone _____ Work Telephone _____

**PLEASE COMPLETE AND MAIL OR RETURN THIS ENTIRE FORM TO: CITY OF SAN MARCOS
GRAFFITI REMOVAL PROGRAM
1 CIVIC CENTER DRIVE
SAN MARCOS, CA 92069
Fax 744-7543**