



## Deschutes County Community Justice Graffiti Removal Request / Release of Liability

I, the undersigned owner of the property listed below, or authorized agent representing the property owner, hereby consent to entry upon said property by personnel and equipment of the Deschutes County Community Justice department and community work service participants, as is necessary to carry out the community service project requested by the owner. I understand there is no cost for this service, but I am responsible for providing the paint needed to complete the project.

I understand that graffiti removal/cleaning may be done in blocks or strips only where the graffiti appears and that the cleaned or processed area may not match precisely with the remaining areas of the building or structure being cleaned or painted. I further understand that it may not be possible to remove or cover up all graffiti and that some residue of the graffiti may remain.

By signing below, I acknowledge that I have requested and authorize Deschutes County community service program staff and program participants to enter onto my property to use equipment and apply paint to buildings or structures on my property for the purpose of removing or covering up graffiti on my property. In consideration of the removal or covering up of graffiti on my property by the Deschutes County community service program, I hereby release and hold harmless Deschutes County and each of its officers, employees, agents and volunteers from and against any and all claims, demands, damages, actions, causes of action or obligations whatsoever arising out of or relating to entry on my property to remove or cover up graffiti and/or to the removal or cover up of graffiti on my property, including, but not limited to, any and all claims for property damage, personal injury or claims related to the appearance of buildings or structures on my property.

\_\_\_\_\_  
Property Owner/Authorized Agent Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Name of Owner/Authorized Agent (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Site Address (street, city, state, zip)

\_\_\_\_\_  
Received by (Department Staff Name)

### **Contact the Community Service Program for questions or more information:**

Deschutes County Juvenile Community Justice  
63360 Britta Street Building One  
Bend, OR 97701 Tel: 541-388-6671 Fax: 541-383-0165