

SEP 2 5 2023

Haiver and Consent to Remove or Abate Graffith	City of Saint Paul - DSI
I, Clerabeth Reenhard , am the owner or person response	sible for the
I, <u>Elizabett Reenhaust</u> , am the owner or person response property located at: 10837th L W	I hereby
give permission for the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove, covered to the City of Saint Paul, its agents or employees to remove to the City of Saint Paul, its agents or employees to remove to the City of Saint Paul, its agents of the City of Saint Pa	er, paint or
otherwise eliminate graffiti on the above described property. I understand that the process of	
removing or covering over graffiti cannot restore the damaged surface to its original color or	
appearance and may look different than untouched areas. I understand that by giving this	
permission, I will hold harmless the City of Saint Paul, its employees or its agents for the final	
appearance of my property. I will further indemnify the City of Saint Paul, its employees or its	
agents for any claim or cause of action that may arise from the removal of graffiti on the property	
stated above. I will notify the City of Saint Paul if/when the property changes ownership.	
This Waiver and Consent will remain in full force and effect until the City	of Saint Paul
receives written notice to terminate the Waiver and Consent to remove or abate grant for hart	affiti.
Elizabeth Keinhaisk 9-21-2 Signature Date	3
To avoid being charged for abatement please send this 'Waiver and Consent address below within 14 days or call 651 266-8989 to speak to the inspector of Department of Safety and Inspections Code Enforcement 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806	
OR, you may fax this form to: 651-266-1919	
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Office Use Only Date Waiver Received	