Waiver and Consent to Remove or Abate Graffiti

| I, am the owner or person responsible for the |
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| property located at: 2459 University The W. I hereby |
| give permission for the City of Saint Paul, its agents or employees to remove, cover, 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 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 graffiti. |
| |
| Signature Warming 1 to Date Date |
| To avoid being charged for abatement please send the Waiver and Consent form to the address below within 14 days or call 651 266-1900 to speak to the inspector or supervisor. Department of Safety and Inspections Code Enforcement |
| 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 |
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| Office Use Only Date Waiver Received |