Waiver and Consent to Remove or Abate Graffiti

I, Lichard Vantouter, am the owner or person responsible for the property located at: 1498 University Aug. I hereby	
I hereby . I hereby	
give permission for the City of Saint Paul, its agents or employees to remove, cover, paint or	
give permission for the City of Saint Feat, its against a funderstand that the process of	
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	
remission. I will hold harmless the City of Saint Paul, its employees or its agents for the inter-	
appearance of my property. I will further indemnify the City of Saint Paul, its employees or its	
appearance of my property agents for any claim or cause of action that may arise from the removal of graffiti on the property	
agents for any claim of cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for any claim of the cause of devices agents for a cause of devices agents	
Stated above. I will notify the City of Saint Faul This Waiver and Consent will remain in full force and effect until the City of Saint Paul	
This Waiver and Consent will remain in full folds and server or abate graffiti.	
receives written notice to terminate the Waiver and Consent to remove or abate graffiti.	
1-17- Z3 Date	
Signature Na:- Weiver and Consent' form to the	
To avoid being charged for abatement please send this 'Waiver and Consent' form to the address below within 14 days or call 651 266-8989 to speak to the inspector or supervisor. Department of Safety and Inspections	
address below within 14 days or can 651 200-6505 ve 55 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	

Office Use Only	
Date Waiver Received	