



Graffiti Removal Consent Form

I, (name) _____ acknowledge that I am the owner, or owner’s authorized representative of the property located at (address): _____, which is located within the boundaries of the Lower Polk Community Benefit District of San Francisco.

I request and authorize the Lower Polk Community Benefit District, or its designee, to enter and abate the graffiti on my property. I understand that it is solely at the discretion of the Lower Polk Community Benefit District, or its designee, as to what method or manner is used to abate the graffiti on my property and that the abatement will only occur on the area which the graffiti covers. I further understand that this may result in blocks or strips that do not match in color or sheen to the surrounding area.

I hereby release the Lower Polk Community Benefit District, employees and agents from any and all liability, claims, demands, causes of action or obligations whatsoever, known or unknown, directly or indirectly, arising out of or relating to entry to my property or the graffiti removal, including, without limitation, all liability claims, demands, causes of action or obligations including personal injury, death and property damage, the appearance or condition of the property after the cleaning or removal, or from the use of photographs, digital images, videotapes, or films of the property.

I agree that if I sell the property or I am no longer the owner’s authorized representative, I will notify the Lower Polk Community Benefit District within seven working days.

I intend that this consent continue indefinitely until revoked by sending written notice of the revocation to the Lower Polk Community Benefit District.

Phone number: _____

Alternative Phone number: _____

Signature of owner or authorized representative of the property / date: _____

Print name of owner or authorized representative of the property

