

**MAYOR MICHAEL BLOOMBERG'S
GRAFFITI FREE NYC
GRAFFITI REMOVAL PROGRAM
CONSENT TO ENTER AND RELEASE OF LIABILITY**

I, the undersigned, Building Owner/Business Owner/Occupant/Managing Agent (circle one) of the Property located at:

Street Address: _____

City, State and Zip Code: _____

Cross Streets: _____

am authorized to and do hereby grant continuing consent to entry upon the above described property by personnel and equipment of the City of New York, its agents and employees and/or a community organization as the case may be (hereinafter separately and collectively referred to as "City") for the purpose of removing, reducing or obliterating graffiti on such property by high pressure technology, painting, or the use of chemical solvents, as deemed necessary or desirable by the City. The cleaning or painting of the defaced property may be performed by the City, by a community organization working with the City, or by a community organization on its own.

The City will, in good faith, attempt to clean or paint the defaced property. However, I the undersigned, understand that: 1) the graffiti removal services shall be performed as determined by the City or a community organization as the case may be and may be in blocks, patches and strips where graffiti appears and that the clean area may not exactly match the colors on the remainder of the improvements in the property; 2) The City has not in any way obligated itself to do any work, or to use city equipment to any great extent other than as determined by the City and 3) The City assumed no responsibility, if colors do not match exactly, or some residue of existing graffiti remains.

I, the undersigned, do indemnify and hold the City harmless from any liability for physical injury, death or property damage arising from the performance of graffiti removal services on the property pursuant to this Consent, unless such liability arises entirely from the actions or conduct of the City, its agents, employees, or independent contractors.

Signature of Building Owner/Business Owner/Occupant/Managing Agent Date

Name: _____

Best Time of Day: _____

Company: _____

Circle Paint Color to be used: Gray – Brick Red

Address: _____

Black – White/Tan **or** Power-wash

Phone: _____

Local Police Precinct: _____

Local Community Board _____

Comments:

**Return by mail to: Community Assistance Unit, Paint Program
100 Gold Street, 2nd Floor, NY, NY 10038 or fax to: (212) 788-7754**