



Village of Villa Park

20 South Ardmore Avenue, Villa Park, Illinois 60181-2696

COMMUNITY DEVELOPMENT DEPARTMENT
Director • Shubhra Govind

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FOR PROPERTY OWNER TO COMPLETE, SIGN AND RETURN VILLAGE OF VILLA PARK REQUEST FOR GRAFFITI REMOVAL AND WAIVER AND RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN REQUESTING THAT THE VILLAGE OF VILLA PARK REMOVE GRAFFITI FROM THE EXTERIOR OF YOUR PROPERTY YOU WILL BE WAIVING AND RELEASING ALL CLAIMS AGAINST THE VILLAGE FOR ANY DAMAGE AND/OR INJURIES YOU MAY SUSTAIN.

I, _____, hereby request and authorize the Village of Villa Park to enter the premises located at _____, Villa Park, Illinois, for the purpose of removing graffiti from the exterior of the property.

I recognize and acknowledge that there are certain risks in the removal of graffiti from my property and I agree to assume the full risk of any injuries or loss I may sustain as a result and thereby waive and relinquish all claims I may have against the Village of Villa Park, its officers, agents, servants and employees related to the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do hereby fully release and discharge the Village of Villa Park, its officers, agents, servants and employees from any and all claims from damage and/or injuries which I may have or which may accrue to me from the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I do further agree to indemnify and hold harmless and defend the Village of Villa Park, its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the removal of graffiti from the above-listed property by the Village of Villa Park, its officers, agents, servants or employees.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Signature: _____
(Authorized Agent or Property Owner)

Name: _____

Address: _____

Phone No.: _____

Date: _____

This authorization shall be active until such date that there is an ownership change, however, the authorized agent or owner must contact the Community Development Department at 630-592-6072 and report each occurrence.