

**PERMISSION TO REMOVE GRAFFITI**

I, \_\_\_\_\_, (\_\_\_\_/\_\_\_\_/\_\_\_\_) certify that I own/manage/ rent/  
(Print Name) (Date of Birth)

lease the property located at \_\_\_\_\_ Zip Code \_\_\_\_\_  
(address of property)

Residential  
 Commercial Business Name (if applicable \_\_\_\_\_)

Fort Worth, Tarrant County, Texas. I hereby give permission to the City of Fort Worth and the City's employees, officers, contractors, and volunteers to enter said property at their convenience for the purposes of inspecting and abating graffiti located on exterior surfaces of the property. I understand that only the graffiti and the area immediately surrounding the graffiti is to be painted or cleaned. I further agree that neither the City nor the City's contractor is required to conceal or remove the graffiti to my satisfaction. I hereby release and hold harmless the City, its employees, officers, agents, and volunteers from and against any and all liability, claims, suits, demands, or causes of action which may arise due to any loss or damage to personal property or personal injury resulting from the graffiti abatement work on my property. The permission granted herein to enter the above described property and to abate graffiti shall remain in effect for as long as you own/manage/lease/rent the property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Address (If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of property:  Building or House  
 Home or Building  Fence  Driveway  Garage  
 Garage door  other (specify): \_\_\_\_\_

**COLOR OF PROPERTY:**

Natural or non painted surface (Brick, Stone, Cement)  White painted surface  
 Color painted surface Color: \_\_\_\_\_

***Fold this form on the dotted lines and mail/Fax to:***

*City of Fort Worth  
Parks & Community Services Department  
Graffiti Abatement Program  
920 Woodward  
Fort Worth, Texas 76107  
817)212-2700  
817)212-2702 Fax*

**OFFICE USE ONLY:** Permission  
Mapsco \_\_\_\_\_ District \_\_\_\_\_ NPD \_\_\_\_\_ Beat# \_\_\_\_\_ Date Received \_\_\_\_\_ ID# \_\_\_\_\_

