

**CITY OF VISTA
GRAFFITI REMOVAL AUTHORIZATION**

I (We), _____ the owner(s) of the property located at (main property)

_____, Vista, California, or agents representing the property owner, hereby authorize the City of Vista and its officers, agents, contractors, and employees to remove graffiti from said property by repainting, pressure washing, or other appropriate graffiti removal techniques.

I hereby release and hold harmless the City of Vista, its officers, agents, contractors, and employees from any and all claims, demands, causes of action, or obligations whatsoever arising out of or relating to entry on this property or the purpose of graffiti eradication, including, but not limited to, those arising from incidental damage to shrubs, plants, and other vegetation as well as those related to the appearance of the property as the result of the graffiti eradication work.

I understand that the City of Vista will not repaint any more extensive area than that where the graffiti is located. I further understand that every effort will be made to match existing colors; however, an exact match might not be provided. I also understand that if I want to be assured that I will be satisfied with the color of the paint being used, I can furnish the paint with the color I desire.

PLEASE CHECK THE APPROPRIATE RESPONSE(S):

_____ I will be able to supply paint or other removal equipment. Contact me to finalize the arrangement.

_____ I will not be able to supply paint or other removal equipment and understand that paint used by the City might not match the existing color.

_____ I agree to remove the graffiti myself and will do so within seven (7) days of receipt of this notice.

REPEATED GRAFFITI REMOVAL AUTHORIZATION

_____ I further authorize the City of Vista graffiti crew and employees to remove graffiti from the property referenced above as and when it might reappear. The City will make a good-faith effort to contact the property owner prior to removing the graffiti. I understand that this authorization can be rescinded by me at any time upon written notice of such recession being delivered to the City at the address referenced below.

Name (Please Print)	Date	Owner / Tenant (Circle One)	
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Mailing Address	City	State	Zip Code
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Signature(s)

Home Telephone

Work Telephone

**PLEASE COMPLETE AND MAIL OR RETURN THIS ENTIRE FORM TO:
City of Vista, Public Works Department, 1165 E. Taylor Street, Vista, CA 92084
Please call (760) 643-5454 if you have any questions**