



**CITY OF ENCINITAS**  
Development Services Department  
505 S. Vulcan Ave  
Encinitas, CA 92024  
[www.encinitasca.gov](http://www.encinitasca.gov)  
**Graffiti Hotline:** 760-633-2751  
**Phone:** 760-633-2685

**GRAFFITI REMOVAL  
AUTHORIZATION FORM -  
CONSENT TO ENTER AND RELEASE OF  
LIABILITY**

**CDE  
100**

**INCIDENT ADDRESS:**

I hereby authorize the City of Encinitas to remove graffiti from property by repainting, power washing, or other appropriate graffiti removal technique.

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

I understand the City will not repaint or repair any more extensive area than where the graffiti is located and further understand that all eradication work will be accomplished at the City's expense.

**Please check the appropriate response:**

- I will be able to supply paint or other removal equipment. Contact me to finalize arrangements.
- I will not be able to supply paint and understand that paint used by the City may not match the existing color.

**Repeated graffiti removal authorization (optional):**

- I further authorize the City of Encinitas to remove graffiti from the property referenced above as and when it may reappear. I understand this authorization can be rescinded by me at any time upon written notice of such rescission being delivered to the City at the address referenced below.

**Property Owner of Record:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I agree to the terms in this agreement.**      **Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**I am the property owners' Authorized Agent:**

**Authorized Agent Role:** \_\_\_\_\_  
(i.e., Property Manager)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I agree to the terms of this agreement.**      **Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Please forward completed for to: [code@encinitasca.gov](mailto:code@encinitasca.gov)