

## **Domestic/Private Property Graffiti Removal Service Indemnity Form**

NAME ADDRESS  POST CODE TELEPHONE NUMBER  Please confirm your status Property Owner ADDRESS OF GRAFFITI IF NOT AS ABOVE  DESCRIPTION OF GRAFFITI	LANDLORD NAME  LANDLORD ADDRESS  POST CODE  TELEPHONE NUMBER  er / Tenant / Landlord
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ADDRESS OF GRAFFITI IF NOT AS ABOVE	er / Tenant / Landlord
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AGREEMENT	
	e graffiti and have permission to authorise work at
• • •	nall give the Council / Contractor/ Representative of
the Council access to the property and or	land to perform the service.
I understand that Medway Council will ma	ke all reasonable efforts to remove the graffiti using
pressurised water, chemicals, paint and o	ther materials as necessary and will not accept any
liability for any claim in the unlikely ever	nt of damages occurring directly or indirectly as a
• -	agree to indemnify the Council against any claim
made against it that arises directly or indi	rectly as a result of any graffiti removal work on my
Cianad	Drivet Name a
Signed	Print Name Date Date

Please return to: Medway Council, Waste Services, Gun Wharf, Dock Road, Chatham, Kent. ME4 4TR