



**OWNER CONSENT AND AUTHORIZATION
DONATION COLLECTION BIN PLACEMENT AND REMOVAL**

Please use a separate authorization form for each bin

I authorize the placement of a donation collection bin on my property.

I authorize the removal by the City of Aurora, Colorado, or its contractors, of the donation collection bin, and any items dumped outside the bin if the maintenance requirements specified in Section 146-207(9)(b) are not met.

I understand that the City or its contractors do not guarantee the structural or aesthetic soundness of the areas from which items will be removed and that, even in the exercise of due care, damage or injury to property may result. I acknowledge that the City or its contractors will determine the method to remove the donation collection bin. I fully release the City, its employees and contractors from all claims, actions or demands for damage of whatever nature to the property in connection with, or by reason of, the bin removal.

I agree to indemnify and hold harmless the City, its employees, and contractors from all liability claims, including defense costs and legal fees of any nature whatsoever, arising from or connected with the donation collection bin removal.

I agree to pay any costs incurred by the City or its contractor to remove a donation collection bin and any items outside the bin. I understand I will receive a bill from the City for the costs of removal plus any administrative costs assessed by the City. I understand if I do not pay the entire bill within thirty (30) calendar days after the mailing date of the bill, the City will certify those costs and any additional expenses necessary in certifying the costs and expenses to the County Treasurer of the county in which the bin was located, and those costs and expenses shall become a lien against my property. The County Treasurer shall collect the certified costs plus any costs associated with any penalty and interest for the cost of collection.

I have the authority to allow the removal of a donation collection bin from my property. The representations I have made are true. I understand the terms and have voluntarily signed this form.

Signature of Property Owner

Date

Print Name

Title, if Commercial Property

Address of Property

Business Name, if Applicable

Contact to Schedule Graffiti Removal on Property

Contact Telephone Number