



City of Rosemead
Chain-link Fence and Iron Bar Removal Program Authorization

Last Name _____ First Name _____ CDL # _____

Address _____ City/Zip _____

Home Number _____ Cell Number _____

Are you the property owner of the above address: _____ YES _____ NO

If not, please provide information of property owner:

Name _____ Phone Number _____

I would like for the following to be removed:

Please circle all that apply: Chain-link Fence Iron Bars

I, _____, authorize the City of Rosemead to remove the chain-link fence and/or iron bar(s) from the above address. I understand this is a **FREE** program and that I have voluntarily requested this removal. In consideration for being permitted to participate in the City of Rosemead Chain-link Fence and Iron Bar Removal Program I hereby release, discharge, and agree for myself, my heirs, administrators, executors and assigns not to sue the **City of Rosemead, its employees, and/or agents** for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation in the program for whatever cause. I further agree to indemnify and hold harmless the **City of Rosemead, its employees, and/or agents** from any and all claims, demands, actions, or suits arising out of, or in connection, with my participation in the program.

Signature _____ Date _____

Office Use Only

Verified CDL#:

RealQuest

DMV records

Verifying Employee's Name: _____ Date _____