

Type of Cleaning Job: \_\_\_\_\_Blast \_\_\_\_\_Hot Water \_\_\_\_\_Paint \_\_\_\_\_Wipe

Municipality / Town \_\_\_\_\_ // C.R. # 08-\_\_\_\_\_

**THOMAS J. DART**  
SHERIFF OF COOK COUNTY  
GRAFFITI REMOVAL UNIT  
LIABILITY WAIVER



Return this completed form to:  
Cook County Sheriff's JDCPD  
3026 S. California, Bldg. 2  
Chicago, IL 60608  
Phone: 773-869-4710  
Fax: 773-869-4721  
Email: [graffiti@cookcountygov.com](mailto:graffiti@cookcountygov.com)

Owner/Agent Name: \_\_\_\_\_

Address of Property: \_\_\_\_\_

I, \_\_\_\_\_, declare that I am the owner or agent of the property at the following address \_\_\_\_\_ and give permission to the Sheriff of Cook County, his agent or contractor, to utilize the means they determine appropriate to remove or conceal the graffiti at said location. In consideration of the County of Cook's removing or concealing the graffiti, I agree to release and hold harmless Cook County, the Sheriff of Cook County, and their agent or contractor from any claims for damages resulting from working on my property.

I understand that only the area covered by graffiti will be removed and not the entire structure. I further understand that none of the individuals or organizations participating in this activity are responsible for removing or concealing the graffiti expressly to my satisfaction. This agreement shall remain in effect for one (1) year from the date of signing.

Owner/Agent Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Owner/Agent Phone Number \_\_\_\_\_ Date of Completion \_\_\_\_\_

**Check all that apply:** \_\_\_\_\_Spray paint \_\_\_\_\_Brushed paint \_\_\_\_\_Marker // Color \_\_\_\_\_  
**Surface to clean:** \_\_\_\_\_Brick (finished or unfinished) \_\_\_\_\_Concrete \_\_\_\_\_Wood \_\_\_\_\_Metal  
\_\_\_\_\_Vinyl Siding \_\_\_\_\_Other Siding \_\_\_\_\_Stucco \_\_\_\_\_Asphalt \_\_\_\_\_Plastic \_\_\_\_\_Glass  
\_\_\_\_\_Garage Door (Circle one: Painted Metal Painted Wood Other \_\_\_\_\_)

**Additional Cleaning Directions** \_\_\_\_\_

**Approximate Job Size** \_\_\_\_\_ **by** \_\_\_\_\_ **// Written by** \_\_\_\_\_

**This form received via:** \_\_\_\_\_Fax \_\_\_\_\_Phone \_\_\_\_\_Email \_\_\_\_\_U.S. Mail \_\_\_\_\_Sourced

**Office Use:**  
Commsr. Dist. # \_\_\_\_\_ // Unit # \_\_\_\_\_ // Pers. Assigned \_\_\_\_\_ // ON VIEW - Yes or No