

Graffiti Removal Program Incentive Application Form



CUSTOMER TO COMPLETE THIS SECTION

Contact (Full Name): _____ Business Name: _____

Address of graffitied property: _____

Postal Address: (if different from above) _____

Contact Phone Number: _____

Type of surface graffitied (please tick):
 Wood Brick/Masonry Metal Painted surface Unpainted surface
 Glass Other (please specify)

Estimated size of graffiti: _____ metres²

Type(s) of graffiti (please tick). See Fact Sheet for definitions
 Tagging Stencil Art Piece

Please supply me with (please only tick one option):
 Paint voucher (for painted surfaces) Removal Kit* (for non-painted surfaces)

*Please read disclaimer below

I, _____
confirm that this product is only to be used to remove graffiti on the property described above within 28 days of date of issue.

Signed: _____

Date: _____

The application can be made:
In person at: Any Hume City Council Service Centre
Broadmeadows, Sunbury or Craigieburn
By mail to: Graffiti Removal
Hume City Council
PO Box119
Dallas VIC 3047
By fax to: 03 93090109

DISCLAIMER

1. I acknowledge and agree that the Council is not responsible for any injury to person or damage to property arising from or in connection with the possession or use of the Graffiti Removal Kit and that it is my responsibility to ensure the Graffiti Removal Kit is used in a safe manner and to avoid injury to person or damage to property.

2. I release the Council, its employees, agents and contractors from all liability arising from or in connection with the possession or use of the Graffiti Removal Kit.

PROOF OF OCCUPANCY (EG. LICENCE OR BILL) MUST BE PROVIDED.

OFFICE USE ONLY

Previous removal kit provided: Yes No

New Customer Contact No.: _____

Previous Customer Contact No.: _____

Ple for assessment and processing.

Offer approved (please tick): Removal Kit Voucher

Approving officer:
Name: _____

Signature: _____

DOCS: _____