

Mural Consent Form

I, (name)	acknowledge that I am the owner, or
	tive of the property located at (address):
	, which is located
within the boundaries of the Lo	ower Polk Community Benefit District of San Francisco.
	nmunity Benefit District, or its designee, to erect a Mural on my have viewed the mural design and approve all aspects of the
and all liability, claims, demand directly or indirectly, arising ou limitation, all liability claims, de death and property damage, th	k Community Benefit District, employees and agents from any ds, causes of action or obligations whatsoever, know or unknown, at of or relating to the erection of a mural, including, without emands, causes of action or obligations including personal injury, he appearance or condition of the property during and after the orm the use of photographs, digital images, videotapes, or films of
	y or am no longer the owner's authorized representative, I will aity Benefit District within seven days.
Phone number:	
Alternative Phone number:	
 Signature of owner or authoriz	ed representative of the property / date:
Print name of owner or author	ized representative of the property