



CITY OF PAWTUCKET

PUBLIC WORKS CENTER
250 ARMISTICE BOULEVARD
PAWTUCKET, RHODE ISLAND 02860
OFFICE OF THE PUBLIC WORKS CENTER



GRAFFITI REMOVAL REQUEST FORM

Date of Request: _____

Address of Property: _____

THE CITY OF PAWTUCKET'S HAS NOTED THAT THIS FACILITY/BUILDING WAS TAGGED WITH GRAFFITI ON THE DATE SPECIFIED. THE CITY OF PAWTUCKET IS REQUESTING PERMISSION TO ERADICATE THE GRAFFITI - THROUGH PAINT, POWERWASHING, OR OTHER CLEANING ON OR AROUND YOUR PROPERTY.

THE UNDERSIGNED HAS SEEN THE GRAFFITI AND AGREES TO ALLOW THE CITY OF PAWTUCKET TO ERADICATE THE GRAFFITI. THE CITY IS NOT RESPONSIBLE FOR ANY DAMAGES THAT MAY OCCUR TO YOUR OR SURROUNDING PROPERTY FROM THIS REQUEST.

Signature

Date

Please Print Name

Office Use Only

ADDITIONAL NOTES:

Work Completed By: _____

Date

Reviewed By: _____

Date