

**Solid Waste Management Department
Graffiti Removal Services
(505) 857-8055**

OWNER CONSENT FORM

I, (name) _____ verify that I am the owner, of the property located at (address, zip code) _____, in the City of Albuquerque, and grant the Graffiti Removal Services Office of the Clean City Division the right to eradicate the graffiti vandalism. I have indicated below my signature the method I prefer.

Should removal be ineffective **I will / will not** (circle one) approve of the surface to be painted over with the understanding it will be matched as closely as possible to the existing color of the size.

Signature: _____ Date: _____

Please complete the following:

Residential Business

Name of Business: _____

Nearest Intersection: _____

Daytime Phone: _____ Fax: _____

Surface Type: (Brick, Stucco, Wood, etc.) _____

Options: Paint Over Removal Water Blast

Please mail to:

Solid Waste Management Department
Graffiti Removal Services, CCD
4600 Edith Blvd. NE
Albuquerque, NM 87107

Or FAX to:
(505) 857- 8205