



Pinal County Sheriff's Office and County Attorney's Office  
Graffiti Removal Impact Program (GRIP) Permission and  
Release of Liability Form

Prior to any graffiti being removed or the affected area being painted, the property owner, or an authorized person must sign this form, to give permission to the Pinal County Sheriff's Office to remove graffiti and/or paint the areas affected by the graffiti.

As the property owner, or as a person authorized by the property owner, I have read and understand the following conditions and I concur with the conditions:

- 1 Only the immediate area of the graffiti will be painted.
- 2 An attempt will be made to match the paint as closely as possible. However, the paint color used may not exactly match the existing color of the area to be covered.
- 3 The decision to remove graffiti or to cover with paint will be made by the Sheriff's Office work crew supervisor.
- 4 No vehicles may be located within 25 feet of the work area.
- 5 The Sheriff's Office cannot guarantee the absence of overspray onto adjacent areas.

I, \_\_\_\_\_, declare that I am the owner or that I am authorized to give permission to remove/cover graffiti on private property located at: \_\_\_\_\_ in \_\_\_\_\_, Arizona and hereby give the Pinal County Sheriff's Office permission to remove or paint over the graffiti on the property. I hereby release Pinal County and the Pinal County Sheriff's Office from any and all liability and claims that may arise from the removal or painting over of any graffiti on the property.

Property Owner/Authorized Person: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_, 201\_\_\_\_.

Pinal County Sheriff's and County Attorney's Office  
Graffiti Removal Impact Program

Graffiti Report Form

This form may be faxed to 520-866-5090, or e-mailed to: Joan.Mueller@pinalcountyaz.gov or: mailed to: Joan Mueller at P.O. Box 867, Florence, AZ 85232

Date and Time Received: \_\_\_\_\_

Location of Graffiti: \_\_\_\_\_

Color of Surface Graffiti is on: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM MANAGER USE ONLY**

Date and Time Forwarded to Detention Staff: \_\_\_\_\_

Description of Graffiti: \_\_\_\_\_

Digital Photograph Number: \_\_\_\_\_

Date and Time forwarded: \_\_\_\_\_

Detention Command \_\_\_\_\_

Regional Command \_\_\_\_\_

Criminal Investigations Command \_\_\_\_\_