



# City of Freeport

## Shared Cost Sidewalk Program

### Waiver and Release of all Claims

In exchange for City of Freeport services provided to me pursuant to the City's Shared Cost Sidewalk Program, I hereby agree to waive and relinquish any and all claims that I have or may at any time have, against the City of Freeport or any of its officials, employees, or agents, except as may be deemed unwaivable by State or Federal law.

To the extent allowed by State or Federal law, I do hereby fully release and discharge the City of Freeport, and all of its officers, employees, agents and contractors from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me as a result of my participation in this Program or the City's performance of such services under the Shared Cost Sidewalk Program.

I have read this RELEASE AND WAIVER, and fully understand its provisions. I acknowledge that I am signing this document as my own free and voluntary act, without any duress, coercion or threats by any person. I also acknowledge that I have had an opportunity to consult with an Attorney prior to signing this RELEASE AND WAIVER.

I acknowledge that other than as stated herein, no promise or inducement has been offered for this RELEASE AND WAIVER, that I am the legal Owner of record of the premises located at \_\_\_\_\_, in the City of Freeport and that no other person's consent is necessary to authorize the execution of the RELEASE AND WAIVER.

**OWNER:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**OCCUPANT: (if different than owner)**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**CITY APPROVAL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# City of Freeport Shared Cost Sidewalk Program Application

Owner Name: \_\_\_\_\_

Removal Address: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

Location of Replacement (front yard, side yard, both): \_\_\_\_\_

Installing courtesy walk if not already installed (yes or no): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(to be completed by the City of Freeport upon inspection)

## **PROJECT APPROVAL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **AGGREGATE BASE APPROVAL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **CONCRETE APPROVAL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Area in Square Feet Replaced: \_\_\_\_\_

Reimbursement to Owner (\$1.50/SF): \_\_\_\_\_