



CITY of MARION

REQUEST FOR DEMOLITION OR REMOVAL OF BUILDING

Address of Building: _____

Parcel Number: _____

Applicant Name: _____

Phone Number(s): _____

Being the owner of the above said property, we are requesting that the Building Department, City of Marion, IN 46952, demolish said property.

There will be a charge of five hundred dollars (\$500.00) for labor, fuel and the use of the city excavator. Any and all other cost incurred in this process shall be the above named owner’s responsibility to pay as well. These charges could be made by vacating water service, gas service, electrical service, dumpsters, asbestos inspections/abatement, etc.

I understand the activity involves numerous risks of injury that are my responsibility, and I assume these risks. In consideration of being allowed to participate in the City of Marion Demolition Process, I do hereby release and forever discharge the City of Marion, Indiana and it’s agents, servants, employees, representatives, and all others from any and all responsibilities or liability for personal injuries even death, or damages resulting from my participation in the above referenced process associated with the City of Marion, Indiana. Further, I do expressly hereby forever release and discharge the City of Marion, Indiana and its agents, servants, employees, representatives and all others from all claims, demands, personal injuries, damages, actions, or causes of action, and from all acts of active or passive negligence or negligent omissions on the part of the City of Marion, Indiana and its agents, servants, and employees, including but not limited to the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I hereby agree to indemnify and hold harmless the releases and each of them from loss, liability, damage, or cost they may incur due to the presence of the undersigned on the premises, whether caused by the negligence of the releases or otherwise.

This contract shall be legally binding upon me and my heirs, next of kin, executors, administrators, personal representatives and assigns. I have carefully read this agreement and by signing below signify that I fully agree with its contents.

This is a release of liability. Do not sign if you do not understand or do not agree with its terms.

Date

Signature

Guardian/Power of Attorney Signature

Printed

Witness

Address