

TOWN OF DEKORRA

Permission to Perform Work on Town Lands / Release of Liability Form

Town of Dekorra Property Owner: _____

Town of Dekorra Property Address: _____

Mailing Address: _____

City/State/Zip: _____

Property Owner Telephone: _____

Person who will perform the work: _____

Approx. date work will be performed: _____

Location on Town property where work will be performed:

Description of work to be performed: _____

Reason(s) for the work:

Attach a plan sketch showing location and work to be performed.

I, _____ agree to do the work described on this application and assume all responsibility. The Town shall not be held responsible nor liable for any injury or damage that might result from this work or project. Property Owner shall have personal insurance to cover and protect themselves and the Town and its people from liability and damage claims.

Date: _____

Signature of Property Owner

Approved by:

Attest:

Date: _____

Date: _____

Dekorrra Town Board Chair

Town of Dekorra Clerk

Complete form and return to: Town of Dekorra, P.O. Box 536, Poynette, WI 53955-0536