RODENT TREATMENT PERMISSION/RELEASE FORM

RETURN TO: City of St. Petersburg, Florida
Sanitation Department
Rodent Control Activity
P.O. Box 2842
St. Petersburg, FL 33731
Phone: 727-893-7398        Fax: 727-551-3289

FROM:         Owner/Agent of Property Described Below

SUBJECT: Granting Permission to Place Rat Poison on OUTSIDE PREMISES

I, the undersigned, am the Owner, or the authorized agent of the Owner, of the property located at
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(the “Property”)

(**you must provide a proper, complete street address to ensure correct poison placement). I hereby grant permission to the City of St. Petersburg, through its authorized agents, to treat said Property for rodents by placing rat poison on the outside premises of the Property. I hereby waive my right to any and all compensation for damages that may result from persons or animals ingesting, or otherwise coming into contact with, said poison. Furthermore, I shall defend at my expense, pay on behalf of, hold harmless and indemnify the City, its officers, employees, agents, elected and appointed officials and volunteers (collectively, “Indemnified Parties”) from and against any and all claims, demands, liens, liabilities, penalties, fines, fees, judgments, losses and damages (collectively, “Claims”), whether or not a lawsuit is filed, including but not limited to costs, expenses, and attorneys’ and experts’ fees at trial and on appeal, and Claims for damage to property or bodily or personal injuries (including death at any time resulting therefrom) sustained by any persons or entities, which Claims are alleged or claimed to have arisen out of or in connection with the placement of said poison at the Property, unless a court of competent jurisdiction has determined that the Indemnified Parties acted negligently or wrongfully in the placement of said poison at the Property. If I am not the person residing at the Property, I understand that it is my responsibility to notify such person that I have authorized the City to place poison on the outside premises of the Property.

SIGNED: ______________________________

PRINT NAME: ____________________________

DATE: _________________________________

PHONE NUMBER: (______)___________________

IF APPLICABLE:

Tenant
Name: _________________________________

Tenant Phone
Number: (______)_____________________

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