

**RIGHT OF ENTRY PERMIT AND AGREEMENT**

Property Address/Description \_\_\_\_\_

Name \_\_\_\_\_

County: INDIAN RIVER State: FLORIDA Zip: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

HOA? Yes\_\_\_ NO\_\_\_ If yes, subdivision name \_\_\_\_\_ Number of homes \_\_\_\_\_

**Right of Entry**

I certify that I am the owner, or an owner’s authorized agent, of the property described above. I grant, freely and without coercion, the right of access and entry to said property to Indian River County, its agents, contractors, subcontractors, for the purpose of removing and/or clearing any or all disaster generated **vegetative** debris from the above described property.

**Hold Harmless**

I understand that this permit is not an obligation upon the government to perform disaster generated **vegetative** debris removal. I agree to indemnify and hold harmless the United States Government, the Federal Emergency Management Agency (FEMA), the State of Florida, Indian River County, and any of their agencies, agents, contractors, and subcontractors, for damages of any type whatsoever, either to the above-described property or to persons situated thereon. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities, while removing disaster-generated **vegetative** debris from the property. I will mark any sewer lines, septic tanks, water lines, and utilities located on the described property.

I/We (have\_\_\_\_\_, have not\_\_\_\_\_) (will\_\_\_\_\_, will not\_\_\_\_\_) received any compensation for disaster generated **vegetative** debris removal from any other source including Small Business Administration (SBA), National Resource Conservation Service (NRCS), private insurance, individual and family grant program or any other public assistance program. I will report for this property any insurance settlements to me or my family for disaster generated **vegetative** debris removal that has been performed at government expense.

For the considerations and purposes set forth herein, I hereby acknowledge this agreement by my dated signature below.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

(Owner or Owners – All must sign)

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2018, by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

My Commission Expires:

Sign \_\_\_\_\_  
Notary Public  
Name and Commission #