

DATE _____ 20__

TO: Service Director
City of Dover
116 East Third Street
Dover, Ohio 44622
Phone: (330)343-6725
Fax: (330)364-6928

YOU ARE HEREBY AUTHORIZED TO HAVE A CITY OWNED VEHICLE
OPERATED UPON MY PROPERTY LOCATED AT _____

I HEREBY WAIVE THE RIGHT TO ANY CLAIMS FOR DAMAGES
INCURRED AS A RESULT OF OPERATING SAID VEHICLE UPON MY
PROPERTY. (VALID FOR A PERIOD OF ONE YEAR)

WITNESSED:

SIGNED: _____

BY: _____

PURPOSE: _____
