

**INDEMNITY AGREEMENT
RESIDENTS CITY OF GARFIELD
AGAINST LIABILITY FOR TREE REMOVAL**

OWNERS NAME _____
ADDRESS _____
PHONE _____
SWEEPER DAY _____ A.M. _____ PM _____
REQUEST: TRIM _____ BONED _____ DOWN _____
TREE ADDRESS _____

I _____ RESIDING AT _____
_____ IN THE CITY OF GARFIELD, COUNTY OF BERGEN, STATE
OF NJ HEREINAFTER CALLED THE INDEMNITOR, HEREBY AGREES TO
INDEMNIFY AND SAVE HARMLESS THE SAID CITY OF GARFIELD AND
ALL OF ITS EMPLOYEES AGAINST ANY AND ALL LIABILITY, LOSS,
DAMAGES, COST OR EXPENSE WHICH INDEMNITOR MAY HEREAFTER
INCUR, SUFFER, OR BE REQUIRED TO PAY BY REASON OF A TREE
STUMP OR ROOTS BEING REMOVED OR THE SAME REMAINING IN THE
GROUND AFTER THE CITY OF GARFIELD REPRESENTED BY AN
EMPLOYEE WITHIN THE DEPARTMENT OF PUBLIC WORKS, HAS
CAUSED SAID TREE TO BE REMOVED AT THE INDEMNITOR'S REQUEST.

THIS AGREEMENT SHALL BE BINDING UPON THE PARTIES, THEIR
HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNS.

THIS AGREEMENT SHALL BE MADE IN TRIPPLICATE TO WIT THE
ORIGINAL IS TO BE FILLED IN BY THE CITY OF GARFIELD, ONE COPY IS
TO BE HELD BY THE INDEMNITOR, AND ONE IS TO BE FILED WITH THE
SUPERINTENDENT OF PUBLIC WORKS.

A WITNESS WHEREOF, THE PARTIES HAVE SIGNED, SEALED AND
DATED THIS AGREEMENT ON THE _____ DAY OF _____

SIGNATURE _____

INSPECTED BY _____ DATE _____
RESULT: TRIM _____ BONED _____ DOWN _____
PSE&G: YES/NO CIRCLE ONE