CITY OF MIRAMAR
DEPARTMENT OF PUBLIC WORKS
RECYCLED PAINT REQUEST FORM

Name: _____ Address: _____

Phone: _____ Email: _____

1. **Requirements of the Recycled Paint Program:**
   a. Must be a Miramar resident, and provide 2 forms of Miramar residency for the above address.
   b. Residents are limited to no more than two (2) 5-gallon base colors and (2) 1-gallon trim colors
   c. Frequency of request allowed - once every two (2) years
   d. The Recycled Paint is intended for personal residential exterior use only, and is not to be sold or used for multi-family or commercial property's
2. **Recycled Paint information:**
   a. Intended for exterior use only
   b. Homes must be pressure washed prior to painting
   c. Do not mix recycled paint with other paints
   d. Paint settles naturally and will need to be stirred well prior to use
   e. Paint is not suitable for use with sprayers
3. **Hold Harmless Agreement:**

   I acknowledge that by making this request for Recycled Paint, it will be used only at the above referenced Residential Property Address. I further acknowledge and agree to protect, indemnify, and hold harmless the City of Miramar (City) , its officials, agents, employees and representatives against any and all claims, liabilities, damages, loses or expenses, including legal-fees or court costs, including appeals, for which the City, its officials, agents, employees or representatives , can or may be held liable as a result of injury (including death) to persons or damages to property occurring by reason of any wrongful acts or omissions of the Recipient, its employees or agents, in the performance of Services under this agreement, of rising out of use of Recycled Paint from the City of Miramar's Recycled Paint Program. I additionally understand that the City of Miramar makes no warrant as to the Quality of the Recycled Paint provided.

   Signature of Requestor: _____ Date: _____

4. **Please choose by ranking the color of your first, second and third choosing. (Subject to availability)**

Base Color: ___Beige ___ Yellow ___Gray ___Off White

Trim Color: ___ Beige ___ Yellow ___Gray ___Off White

5. **Please return the completed form to Public Works Department**:
   E-mail: RECYCLE@MIRAMARFL.GOV or Fax (954) 602.3485
   13900 Pembroke Road ▪ Bldg. L., 2nd Floor, Miramar, Fl. 33027 ▪ Office (954) 883-5826