

CAMBRIDGE GRAFFITI SAFEWIPE RESIDENT & BUSINESS PACKS

INFORMATION FOR APPLICANTS

The 'Cambridge Graffiti Safewipe Pack' is a community initiative of the Town of Cambridge, to assist residents and businesses with the removal of graffiti from their properties. Fast removal of graffiti is shown to be an effective deterrent for further graffiti, vandalism and crime.

These packs are being offered as an additional strategy to the Town's comprehensive graffiti removal service and safety and crime prevention initiatives, as outlined in the Town's Community Safety and Crime Prevention Plan. Should you require further assistance or advice on the removal of graffiti, please contact the Town on 9347 6000.

Who is Eligible for a Free Graffiti Safewipes Kit?

All residents and business owners located within the Town of Cambridge are eligible to apply for one free 'Cambridge Graffiti Safewipe Pack'. Proof of residency (eg. drivers' license, rates notice or utilities invoice etc) is required to be submitted with the application form upon collection.

Cost

'Cambridge Graffiti Safewipes Packs' will be provided free while stocks last.

Suitability

'Cambridge Graffiti Safewipe Packs' are most effective for removal of texta and spray can paints from painted and smooth surfaces only.

A 'Cambridge Graffiti Safewipe Pack' contains:

- 3 single-use 'safewipe' pouches
- 3 single-use 'afterwipe' pouches and
- 1 pair of gloves.

It is recommended that you use the graffiti 'safewipe' towel and wipe in a circular motion, turning the towel as you go. To achieve the best result, use the graffiti 'afterwipe' towel to wipe over the area to remove any smears and grime. Further directions are included on the rear panel of the 'Cambridge Graffiti Safewipe Pack' box.

Applying for a Free Graffiti Safewipes Pack

Application Forms for a Cambridge Graffiti Safewipes Pack are available online at <http://www.cambridge.wa.gov.au>. Alternatively, forms are available at the Town of Cambridge administration building located at 1 Bold Park Drive, Floreat or by phoning 9347 6000.

Return your application form along with your proof of residency (eg. drivers' licence, rates notice or utilities invoice etc) in person to the above address to collect your kit. **Please note** that due to the caustic nature of the product it is not suitable to be distributed via postal mail.

Alternative Resources

If you have graffiti requiring removal on porous surfaces, or if you require further assistance in the removal of graffiti, please contact the Town on 9347 6000 and we will arrange our contractor to come out to your property.

Liability

All recipients of a 'Cambridge Graffiti Safewipes Pack' are required to agree to and sign a declaration (on the application form) indemnifying and stating not to make any claim or take any action against the Town of Cambridge, in respect of any damage which may be caused or suffered in any way whatsoever in connection with the 'Cambridge Graffiti Safewipes Pack' supplied by the Town of Cambridge.

Thank you for taking part in helping work towards lowering graffiti in the Town of Cambridge. Should you have any queries about this, please do not hesitate to contact the Town on 9347 6000.

APPLICATION FORM
Cambridge Graffiti Safewipe Packs

Please note that there is no guarantee a free Cambridge Graffiti Safewipe Pack can be provided to all applicants.

SECTION A – APPLICANT DETAILS (to be completed by the applicant)

1. Are you a resident of the Town of Cambridge? NO / YES
2. Have you previously received a free 'Cambridge Graffiti Safewipe Pack? NO / YES
3. Has your property been defaced by graffiti? NO / YES
4. Location of graffiti: _____

5. I have read and accepted the guidelines provided by the Town of Cambridge? NO / YES

Declaration of Recipient:

I (undersigned) have of my own desire and free will undertaken to use the 'Cambridge Graffiti Safewipe Pack' from the Town and I agree to FULLY INDEMNIFY AND HOLD HARMLESS the Provider, its servants and agents from all claims, demands, actions and suits which at anytime hereafter be brought by any person against the Provider, its servants and agents for personal injury, death or property damage suffered by any such person caused by or arising out of or in any way related to using the Provider's services and/or equipment.

Name: _____

Signature: _____

Date: _____

Address: _____

Telephone Number: _____

OFFICE USE ONLY

SECTION B – ASSESSMENT (To be completed by the Town of Cambridge)

Approved? YES/NO

Assessed by: _____ Date: _____ Signed: _____

Notes: _____

Previous Applicant/ Recipient? Yes/No

Applicant confirmed as a resident of the Town of Cambridge? Yes/No

Application entered on database? Yes/No