

REQUEST FOR FILL  
AND  
RELEASE OF LIABILITY

The undersigned property owner requests the Road Division of the Washoe County Department of Public Works to dump approximately \_\_\_\_\_ cubic yards of unclean fill from ditches and road excavations on the property described below from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

In exchange for the value and benefit received from obtaining the fill, the undersigned agrees:

1. To hold the County, its agents or employees (hereinafter "County") harmless from and to indemnify County for any liability, loss, expense and other detriments arising out of the contents of the fill material or any acts of County on the property in connection with the dumping of fill on the property, including without limitation, damage to any improvements on the property including driveways, sidewalks, curbs, septic tanks, leachlines, waterlines, dumping in excess of the amount requested, dumping before or after the effective date of this request, dumping fill not of the type requested, and dumping or driving trucks in areas not marked at the dump site or as the areas over which the trucks may travel;
2. Subject to approval by Road Division personnel, to mark the dump site and area over which the trucks may travel with posts at least four feet high connected by a clearly visible line or rope;
3. To allow Road Division personnel and equipment to enter upon and inspect the property in connection with the dumping of the fill;
4. To pay in advance by check \$2.00 for each cubic yard of fill to be dumped on the property;
5. To obtain a grading permit from the Department of Building & Safety, if such a permit is required, in advance of fill being dumped on the property; and
6. That County has no obligation to dump fill and may cease dumping at any time free of any obligation or liability to the property owner.

---

---

TO BE COMPLETED BY PROPERTY OWNER

\_\_\_\_\_  
Name of Property Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Location of Dump Site

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

---

---

TO BE COMPLETED BY ROAD DIVISION

\_\_\_\_\_  
Amount (\$) Received

\_\_\_\_\_  
Check No. & Bank Name

\_\_\_\_\_

By (Road Division Personnel)