

Partnership

INDEMNIFICATION AGREEMENT

(Encroachment - Utility Easement)

Property Address: _____

Property Legal Description: _____

Description of Improvements: _____

I/We, heirs and successors in title, do hereby agree that it will be my/our responsibility to maintain or remove the "Improvements" at our expense and at no cost to the County; should the County require same to be done for use of the Easement. I/We, further agree to indemnify and save harmless the County, its agents or employees for all suits and actions of every name and description which may result from or on account of any injures or damages received by any person, persons or property, caused directly or indirectly as a result of the "Improvements" being within the easement.

This Indemnification Agreement shall be binding upon the property Owner, its heirs, successors, legal representatives and assigns. This Agreement will run with the land and shall be recorded in the Public Records of Broward County.

(signed by property owner on the following page)

APPROVED BY Broward County Water and Wastewater Services Telephone
954-831-0741
2555 West Copans Road, Pompano Beach, Florida 33069

Signature: _____

Date: _____

Type Name: _____

IN WITNESS WHEREOF property owner has caused its partnership name to be hereunto signed by its proper representative thereunto duly authorized.

Partnership Name: _____

Signature: _____

Type Name: _____

Title: _____

Address: _____

WITNESSES

Witness One
Signature: _____

Witness Two
Signature: _____

Witness One
Typed Name: _____

Witness Two
Typed Name: _____

Witness One
Address: _____

Witness Two
Address: _____

ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__, by _____, the _____, on behalf of _____, a _____ ☐ who is personally known to me or ☐ who has produced _____ as identification.

Notary Public:

Signature: _____

Print Name: _____

State of Florida
My Commission Expires: _____
Commission Number: _____

(Notary Seal)
(not required if digitally signed by Notary)