



Project Name: _____

Pierce County Permit Number: _____

AFN of Easement: _____

Where work is done on easements, the Contractor shall obtain a written statement of satisfactory restoration from each property owner involved, and furnish a copy of said statement to the property owner and the County. The statement will be required before the work will be accepted by the County. The contractor must attach any temporary easement or collateral agreements with the property owner(s) to this form.

**EASEMENT RELEASE STATEMENT AND PROPERTY OWNER'S
APPROVAL OF EASEMENT RESTORATION**

I / We, the undersigned owner(s) of the property identified as (fill in the address, parcel number(s), or property description):

do hereby approve and accept the restoration work done by the Contractor for the construction of the sanitary sewers in the above referenced easements over and across my (our) property.

Property owner(s) signature and date

Property owner(s) signature and date

**CONTRACTOR NAME AND MAILING
ADDRESS**

**PROPERTY OWNER(S) NAME AND
MAILING ADDRESS**

Return completed form to: Pierce County Public Works and Utilities
Sewer Utility
9850 - 64th Street West
University Place, WA 98467-1078