



**DEER REMOVAL
WAIVER FROM LIABILITY FORM**

The property owner must be present at the time of removal

NAME OF PROPERTY OWNER: _____

PROPERTY OWNER'S ADDRESS (MAILING AND PHYSICAL):

PRIMARY PHONE NUMBER(S): _____

I, _____ OF LOT # _____

**DO TAKE FULL RESPONSIBILITY FROM ANY AND ALL DAMAGES
TO MY PROPERTY BECAUSE I REQUESTED THE TOWAMENSING
TRAILS P.O.A.'S MAINTENANCE DEPARTMENT TO REMOVE A
DEAD DEER FROM MY ABOVE MENTIONED PROPERTY.**

SIGNATURE OF PROPERTY OWNER: _____

TODAY'S DATE: _____

MAINTENANCE DEPARTMENT USE ONLY:

REMOVED ON: _____ **BY** _____