

Agreement No.: \_\_\_\_\_

Received: \_\_\_\_\_

Expires: \_\_\_\_\_

## GENERAL RELEASE & INDEMNITY AGREEMENT

**KNOW ALL PERSONS BY THESE PRESENTS:** That \_\_\_\_\_  
legal owner(s) residing at \_\_\_\_\_ and in consideration of the receipt by  
him/her/them of \_\_\_\_\_ yards of chips, dirt, earth, gravel, and/or other soils, to him/her/them in hand  
delivered at (address): \_\_\_\_\_,  
Parcel No. \_\_\_\_\_ COUNTY OF ISLAND, STATE OF WASHINGTON, does/do by  
these presents release and discharge the County of Island, State of Washington, its officials, employees, agents  
and/or contractors of and from all, and all manner of actions and causes to action, judgments, executions, debts,  
dues, claims and demands, of every kind and nature whatsoever, which now has, or which his/her/their heirs,  
executors, or administrators have now or may hereafter have by reason of the said delivery of chips, dirt, earth,  
gravel, and/or other soils to him/her/them.

**NOTE: FILLING WITHIN 100' OF A WETLAND IS PROHIBITED BY LAW.  
PLEASE CONTACT THE ISLAND COUNTY COMMUNITY DEVELOPMENT  
DEPARTMENT IF YOU HAVE QUESTIONS.**

Said \_\_\_\_\_ will indemnify and save Island County harmless from  
and against any and all loss, resulting directly or indirectly from said delivery of chips, dirt, earth, gravel, and/or  
other soils to him/her/them.

**IN WITNESS WHEREOF** \_\_\_\_\_ has hereunto set his/her/their  
hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

This agreement is in effect for TWO (2) YEARS from date of signing/approval.

\_\_\_\_\_  
(Legal Owner)

\_\_\_\_\_  
(Legal Owner)

\*\*\*\*\*

STATE OF WASHINGTON

ss

COUNTY OF ISLAND

On this day personally appeared before me \_\_\_\_\_, proved to me on the basis  
of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and  
acknowledged that he/she/they executed it as his/her/their free and voluntary act and deed for the purposes  
therein mentioned.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Exp. Date

S E A L

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
Residing at



## REQUEST FOR FILL

**NOTE: FILLING IN EXCESS OF FIVE HUNDRED (500) CUBIC YARDS, OR ANY AMOUNT OF FILL WITHIN 100 FEET OF AN ENVIRONMENTALLY SENSITIVE AREA, REQUIRES A GRADING PERMIT PER ICC 11.01.120. PLEASE CONTACT ISLAND COUNTY PUBLIC WORKS FOR AN APPLICATION.**

Date of Request				
Mailing Address				
Site Address (if different)				
Email Address		Telephone #		
Parcel No.				
Road Shop (please circle one)	Coupeville	Oak Harbor	Camano	Bayview
Type of Fill		Amount of Fill in cu. yd.		
Requested by				
	Signature of Owner		Print Name	

**Sketch of proposed fill site. Attach additional sheets as appropriate.**

--

**Directions to site. If incomplete, action may be delayed.**
