

**CITY OF MENTOR BEST MANAGEMENT PRACTICE (BMP)
MAINTENANCE AGREEMENT**

APPLICANT:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

PROJECT INFORMATION:

Name of Project: _____

Location: _____

Type of BMP: _____

OWNER CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge and belief. I agree to maintain the above stated BMP to the prescribed criteria according to the Mentor City Engineer. I hereby release the City of Mentor from any maintenance responsibility whatsoever on the above identified BMP located on the above referenced property. I agree to provide corrected information should there be any change in the information provided herein. I agree to allow the City of Mentor to inspect the BMP to assure proper working order as it deems necessary.

Name

Title

Signature

Date