PARCEL DELIVERY ACCEPTANCE RELEASE

The undersigned, resident of _____at _____ authorize and appoint Ward Municipal Complex (City Hall), City of Ward, Ward, AR 72176 to receive on his/her behalf any restricted delivery or courier service from upon delivery, i.e. FedEx, UPS, etc.

The undersigned resident fully understands, acknowledges, and agrees that:

1. Any delivery received is pursuant to this Authorization shall be duly logged in upon its receipt by the front desk staff member (City of Ward employee, elected official or authorized volunteers) on duty and shall be kept in City Hall and available for pick-up only to the undersigned; and
2. The City of Ward provides this service only as a courtesy to the Ward Water Customers, inside or outside Ward city limits, the City of Ward and its employees/volunteers have no liability for lost or damaged deliveries which have been received pursuant to this Authorization; and
3. Any delivery which has not been picked up by the undersigned within ten (10) business days of its receipt shall be returned to carrier.
4. Deliveries will not be accepted during the weekend. City offices are closed. If there is a delivery on the weekend, the delivery driver will be instructed to hold the package for delivery the next business day.
5. The City of Ward reserves the right to discontinue this service at any time upon written notification to the undersigned.
6. The City of Ward will not accept parcels weighing more than 70 lbs.
7. The City of Ward will not accept any personal mail from the USPS.

Release/Indemnity Agreement: In consideration of the service being provided to the undersigned by the City of Ward, Ward, AR in allowing agreement with the City of Ward employee/volunteers to accept receipt on behalf of the undersigned, of restricted delivery requiring signature upon receipt, the undersigned hereby releases, holds harmless and agrees to indemnify the City of Ward and its employees/volunteers from and against any and all liability claims, causes of actions, costs and/or judgments arising out of, directly or indirectly concerning, or resulting from the City of Ward acceptance of restricted deliveries pursuant to the Authorization given by the undersigned.

_____ _____ _____

Print Name of Resident Signature Date

Phone Number for Notification of Delivery: _____

People, other than signee, authorized to receive restricted/signature deliveries (may need ID):

_____ _____

Print Name of Authorized Person Print Name of Authorized Person

Forwarding Address: _____

Street Address

_____

City, State, Zip Code