

**CITY OF GOLIAD, TEXAS
P.O. BOX 939
GOLIAD, TEXAS 77963
LICENSE AGREEMENT**

APPLICATION FOR PERMIT TO PLACE CURBSIDE MAIL BOX ON CITY PROPERTY

Date: _____

Permit No. _____

Name/Address of Person (firm) requesting permission to place curbside mail box on city property:

Daytime telephone number where person can be reached: _____

Description of article (s) to be placed on city property: _____

Location of city property on which said article (s) will be placed: _____

Permit holder agrees to remove said mail box should city need the right of way for any purpose. Permit holder further agrees to indemnify and hold harmless the City of Goliad, its officers, employees or agents from and against any liabilities, suits, claims, or damages that may arise out of permit holders use of city property.

Signature of Permit holder: _____

Date of signature: _____

Approved _____

Denied _____

Date _____

Date _____

By: _____
City Superintendent

Comments: _____
