

## Agreement Authorizing Use City of Galveston Property

Authorized User: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Duration of Permissive Use: During the recovery effort for the current state of emergency, or until the Mayor or City Council of the City of Galveston requests that \_\_\_\_\_ vacates the property.

The above described property is being provided by the City of Galveston for the Authorized User's use during the current state of emergency while the Authorized User is assisting the City of Galveston. However, in accepting the use of this property, the Authorized User agrees that it will restore the property to exactly the same condition in which the property was turned over to it; alternatively the Authorized User agrees that it will be responsible for the entire cost to restore the property to that condition payable within 30 days of invoice. The Authorized User shall photograph the property prior to its occupation of the premises and present those photographs to the City within 36 hours of its receipt if the photographs are on film or by e-mail to the Department Head responsible for the premises at the first opportunity to use electronic transmission. The parties agree that should there be a dispute concerning the condition of the premises when turned over to the Authorized User, the burden of proof will be on the Authorized User to establish that any defect existed prior to its occupation of the premises. If the Authorized User failed to take photographs, it shall be presumed that the property was in the condition described by the City at the time of the dispute.

Any dispute with regard to this Agreement shall be decided under the laws of the State of Texas, in the Courts of the State of Texas with venue in the County of Galveston.

**Each party represents that they have been authorized to execute this agreement as required by law.**

Signed this the \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

**For the City of Galveston:**

\_\_\_\_\_  
Authorized Representative  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax: \_\_\_\_\_  
E mail address \_\_\_\_\_

**For the Authorized User:**

\_\_\_\_\_  
Authorized Representative  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax: \_\_\_\_\_  
E mail address \_\_\_\_\_