

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

CITY CLERK

CITY OF SAN MARCOS
1 CIVIC CENTER DRIVE
SAN MARCOS, CALIFORNIA 92069-2949

Space above this line for Recorder's use

Please record this document for no fee
as a benefit to the City of San Marcos

Signature of declarant determining
tax firm name City of San Marcos

Assessor's Parcel No _____

City Project No: _____

**HOLD HARMLESS AGREEMENT
DRAINAGE**

In consideration of the approval by the City of San Marcos, California ("City") of a grading plan (City Drawing No. _____) and/or improvement plans (City Drawing No. _____) collectively the "Plans", for development to occur on property described as:

I (WE) _____

the owner(s) of said property promise to indemnify and to hold the City and any of its agencies or employees harmless from liability for injuries to persons, or damage to or taking of property, directly or indirectly caused by the diversion of surface waters, the alteration of the normal flow of surface waters or drainage, or the installation of the drainage system or other improvements identified in the approved plans; or by the design, construction or maintenance of the drainage system or other improvements identified in the approved plans; or by the design, construction or maintenance of the drainage system or other improvements identified in the approved Plans. Approval of the Plans by the City shall not constitute an assumption by the City of any responsibility for such injury, damage or taking.

The City shall not be an insurer or surety for the design, construction or maintenance of the drainage system or other improvements pursuant to the approved Plans, nor shall any officer or employee thereof be liable or responsible for any accident, loss or damage happening or occurring during the construction or maintenance of the improvements as specified in this agreement.

Document # _____

It is further agreed that the above owner(s) will maintain all drainage systems to insure a free flow therein to a satisfactory point of discharge unless said systems are dedicated to and accepted by the City as public facilities.

It is further agreed that this agreement shall be binding on all heirs, successors or assigns having an interest in all or any part of the property herein.

IN WITNESS WHEREOF, the undersigned has executed this instrument this ____ day of _____ 20____ .

If individual owner, co-owners, etc.:

(Owner's signature)

(Type owner's name)

(Owner's signature)

(Type owner's name)

If Corporation, Partnership, Trust, etc.

(Type name of Corporation,
Partnership, Trust, etc.)

(Owner's/representative's signature)

(Type owner's/representative's name and title)

(Owner's/representative's signature)

(Type owner's/representative's name and title)

(Appropriate notarial acknowledgment of execution by the OWNER(S) must be attached)

NOTE: This Document must be attached with appropriate Assessor's Map and Proof of Ownership (i.e., Title Report, Deed, etc.), and submitted concurrently with any associated Maps or Documents (if applicable), prior to recording.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,

*Date**Here Insert Name and Title of the Officer*

personally appeared _____

Name(s) of Signer(s)

who 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 to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

*Signature of Notary Public**Place Notary Seal Above***OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____