



**SOUTH CENTRAL BROWNFIELD REVITALIZATION PROGRAM  
PROPERTY ACCESS AGREEMENT**

NAME OF PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TYPE OF PROPERTY: \_\_\_\_\_

**Please initial each section demonstrating you have read and understand the terms of this agreement.**

\_\_\_\_\_ 1. I am the property owner or an individual having the authority or the authorization of the property owner to sign this access agreement.

\_\_\_\_\_ 2. I give this written permission voluntarily with the full knowledge of my right to refuse and without threats or promises of any kind.

\_\_\_\_\_ 3. I hereby consent to officers, employees, authorized representatives of **Region IV Development Association, Inc. (RIVDA)** and their contractors, subcontractors and consultants the right to enter the property and continued access and use of by, through, and on the property for the following purposes ():

\_\_\_\_\_ A. The taking of samples, surface and subsurface, including but not limited to soil, sediments, water, and air, and other solids or liquids stored or disposed of at the property as may be determined to be necessary;

\_\_\_\_\_ B. The documenting of scientific and engineering observations, including, but not limited to taking notes, recordings, photographs and surveying;

\_\_\_\_\_ C. The drilling and finishing of boreholes for the purposes of collecting soil and groundwater samples without limitation;

\_\_\_\_\_ D. Other inquiry actions at the property as may be necessary to determine nature, extent and potential threat to human health and the environment.

\_\_\_\_\_ 4. I agree to not interfere with any of the activities of RIVDA or undertake any actions regarding the use of Property that would endanger the health, safety, or welfare of the employees, agents, or subcontractors, or damage their equipment, materials, or property.

\_\_\_\_\_ 5. Services and field activities authorized under this agreement may begin after signature of property owner or authorized individual. Access is granted until services are completed.

Signature of Owner or Authorized Individual: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_