



Non-Refundable Fee: \$125.00

Return by: \_\_\_\_\_

Council Action on: \_\_\_\_\_

# Application for Vacation of Right of Way

**Name of Applicant:**

If Individual(s):

\_\_\_\_\_

If Corporation or Partnership: (if a corporation, please include state of incorporation)

\_\_\_\_\_

Name of individual signing on behalf of the entity:

\_\_\_\_\_ Title: \_\_\_\_\_

**Reason for the Vacation of Right of Way:**

Please explain why you are requesting a Vacation of Right of Way:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Description:**

\_\_\_\_\_  
\_\_\_\_\_

**Address:**

\_\_\_\_\_

 **Please include property deed, diagrams, and drawing.** 

\_\_\_\_\_ ( )  
Applicant Address

\_\_\_\_\_  
Applicant Phone Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please Note: Delays May Occur if Application is Incomplete or Inaccurate.**