



Non-Refundable Fee: \$175.00

Return by: _____

Council Action on: _____

Application for Vacation/Relocation of Easements

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: _____


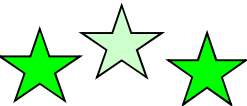
Reason for the Vacation/Relocation of Easement:

Please explain why you are requesting a Vacation/Relocation of Easement:

Type of Easement: (ie electrical, sanitary sewer, general utility, water, etc.)

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.