



Non-Refundable Fee: \$175.00

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.