

Application to Abandon Right-of-way for Street(s) and/or Alley(s)

Name of Applicant(s): _____

Owner Tenant Representative (affidavit required)

Mailing Address: _____ Telephone: _____

City/State/Zip: _____ Fax/other: _____

Contact Email Address: _____

Location

Subdivision Name: _____

Lots and/or Blocks Affected*: _____

General Description of Location*: _____

Reason for Abandonment*: _____

* use attachment, if necessary

I/We the undersigned acknowledge that the information provided above is true and correct.

Signature

Date

OFFICE USE ONLY

Date of application: _____ Received by: _____

Non-Refundable Fee: \$ _____ Receipt Number: _____

Date of hearing by Planning Commission: _____ Date of hearings by City Council: _____