



RIGHT-OF-WAY CLOSURE

Name of Applicant: _____

Date Filed: _____ Fee Paid: _____ File Number: _____

Map Number: _____ Zoning District: _____ City County Sector : _____

Jurisdiction: City _____ Council District

INFORMATION:

Name of Right-of-Way: _____

Type of Right-of-Way: Street Alley

Location of Right-of-Way:

BETWEEN (City Block or Lot where appropriate) _____

AND (City Block or Lot where appropriate) _____

Right-of-Way is: In Use Yes No Improved (example: paved) Yes No

Reason for Closure: _____

TO BE CLOSED:

From: (Street, Alley, Other)

To: (Street, Alley, Other)

ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

Name: (Print) Address • City • State • Zip • Phone • Fax

AUTHORIZATION OF APPLICATION:

I hereby certify that I am the authorized applicant, or representing the applicant and ALL property owners involved in this request or holders of option on same.

Signature: _____

Name: (Print) Address • City • State • Zip • Phone • Fax

APPLICATION ACCEPTED BY:

