



Vacation (Abandonment) Application	ROW
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Planning No.	IPPB /IPPV / Bldg Permit No.	Project Name
APN(s)		Street Address
Easement Type(s) <input type="checkbox"/> Public Right-of-Way <input type="checkbox"/> Public Utility Easement <input type="checkbox"/> Public Service Easement		

O w n e r	1) Name of Legal Owner(s) (As it Appears in Title Report)				
	Address		City	State	Zip
	Phone		Email		
	2) Name of Legal Owner(s) (As it Appears in Title Report)				
	Address		City	State	Zip
	Phone		Email		

A p p l i c a n t	Point of Contact Name	Phone	Email		
	Business Name			License Number	
	Street Address		City	State	Zip

Description of area to be vacated: _____

Proposed use of vacated area: _____

Through the submission of this application and the required attachments, I/we request the vacation of the easement(s) specified in this application. By signature below, I/we authorize the above named applicant to act on my behalf concerning matters involved with this Vacation Application.

Print Name Owner of Record	Signature Owner of Record	Date
Print Name Owner of Record	Signature Owner of Record	Date
Print Name Applicant	Signature Applicant	Date