



# CITY of REPUBLIC

*Established 1871*  
**PLANNING AND DEVELOPMENT DEPARTMENT**  
225 North Main  
Republic, Missouri 65738-1472  
Phone: (417) 732-3354  
Fax: (417) 732-2269

| FOR OFFICE USE ONLY      |                    |
|--------------------------|--------------------|
| FEE & CODE:              | _____              |
| DATE & INITIALS:         | _____              |
| RECEIPT NUMBER:          | _____              |
| PUBLIC NOTICE DATE:      | _____              |
| PUBLIC HEARING DATE:     | _____              |
| BOARD OF ALDERMEN DATES: |                    |
| 1 <sup>ST</sup> READING  | _____ AT 7:00 PM   |
| 2 <sup>ND</sup> READING  | _____ AT 7:00 PM   |
| APPROVED                 | _____ DENIED _____ |

## EASEMENT VACATION APPLICATION (A Processing Fee of \$50.00 is due at the time application is made.)

Applicant Name (Please Print): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant requests an easement vacation be approved for the following legally described property:

Street Address: \_\_\_\_\_

**THE FOLLOWING INFORMATION SHOULD BE INCLUDED:**

- Please attach a copy of the EASEMENT and proof of property ownership.
- Please include a list of all property owners subject to the easement that is proposed to be vacated.
- Please include the legal description for the easement to be vacated.

Purpose or reason for easement vacation: \_\_\_\_\_

### PROPERTY OWNER/AGENT INFORMATION

Owner's Name (Please Print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Agent's Name (Please Print): \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Processing Fee: \$50.00      Paid       Cash       Check  \_\_\_\_\_ Check # \_\_\_\_\_