



Please submit this form to:
City Clerk
419 N Broadway
Abilene, KS 67410
785-263-2550
shayla@abilenecityhall.com

APPLICATION FOR VACATION OF STREET OR ALLEY

PAID: _____

DATE: _____

APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____

APPLICATION FOR VACATION OF A PUBLIC: STREET _____ ALLEY _____

LOCATION: _____

THE FOLLOWING OWNERS OF ADJACENT REAL PROPERTY ARE CO-APPLICANTS AND INDICATE THEIR SUPPORT FOR THIS VACATION REQUEST:

	<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

DATE SCHEDULED FOR CITY COMMISSION _____

DATE OF LEGAL PUBLICATION _____
(20 DAYS BEFORE THE PUBLIC HEARING)

DATE OF PUBLIC HEARING _____

SIGNATURE _____