



APPLICATION FOR VACATION OF PROPERTY

Augusta City Hall
 113 East 6th Avenue
 P.O. Box 489
 Augusta, Kansas 67010

 (316) 775-4505
 (316) 775-4566
 www.augustaks.org
 ariley@augustagov.org

This application must be completed in its entirety and submitted to the Administrative Assistant in the Community Development Office. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

SELECT ONE

City Limits

Planning Area

TYPE OF VACATION

Street or Alley Right-of-Way

Plat

SELECT ONE

Other

Describe: _____

| | |
|-----------------------------|--|
| NAME OF SUBDIVISION: | |
| GENERAL LOCATION: | |
| LEGAL DESCRIPTION: | |

| | | | | | |
|--------------------------------|--|---------|--|------|--|
| NAME OF PROPERTY OWNER: | | | | | |
| Company: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Phone: | | E-Mail: | | | |

| | | | | | |
|-----------------------|--|---------|--|------|--|
| NAME OF AGENT: | | | | | |
| Company: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Phone: | | E-Mail: | | | |

| | | | | | |
|-------------------------------------|--|---------|--|------|--|
| NAME OF ENGINEER / SURVEYOR: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Phone: | | E-Mail: | | | |

