



**Easement / Street/ Alley Abandonment**

**Application Form**

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be placed on the City Council agenda until the application is completed and required information provided.

|                             |   |                            |   |
|-----------------------------|---|----------------------------|---|
| <b>Property Information</b> | Address <u>3909 Towering Oaks Dr.</u><br>Attach legal description of property to this application. May be found on warranty deed or current survey of property. | <b>Project Information</b> | <b>Select the property type being vacated:</b><br><input type="checkbox"/> Alley <input type="checkbox"/> Utility Easement<br><input type="checkbox"/> Street or R.O.W. <input checked="" type="checkbox"/> Drainage Easement<br><input type="checkbox"/> Cross Access Easement |
|-----------------------------|---|----------------------------|---|

|              |   |   |   |
|--------------|---|---|---|
| <b>Owner</b> | Name <u>STEVE MITCHELL</u>                  | Phone <u>870-830.0035</u>                 | <input checked="" type="checkbox"/> Select if this is the primary contact |
|              | Address <u>3904 Thousand Oaks Dr.</u>       | Fax <u>870-931-4275</u>                   |   |
|              | City, State, Zip <u>Jonesboro, AR 72404</u> | E-mail <u>Samitchell65@Suddenlink.net</u> |   |

|                                  |                  |        |  |
|----------------------------------|------------------|--------|--|
| <b>Applicant/ Representative</b> | Name <u>Same</u> | Phone  | <input type="checkbox"/> Select if this is the primary contact |
|                                  | Address          | Fax    |  |
|                                  | City, State, Zip | E-mail |  |

**Applicant/Representative:** I certify that the foregoing statements and answers herein made all data, information and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination or approval. I understand that the City might not approve what I am applying for, or might set conditions on approval.

✓ Steve Mitchell

Date: 1-21-13

**Property Owner/Authorized Agent:** I certify that I am the owner of the property that is the subject of this application and that I have read this application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf).

✓ Steve Mitchell

Date: 1-21-13

**Note:** The samples provided in this pocket only to assist proponents in preparing the required documents. Proponents should satisfy themselves as to the legal sufficiency for their specific use in accordance with Arkansas State Code, Section 14-301 which regulates the abandonment of public easements and rights of ways.

|                            |                                |                               |
|----------------------------|--------------------------------|-------------------------------|
| Date Application Submitted | Date Approved by City Engineer | Date Approved by City Planner |
| Date Accepted as Complete  | Legistar File No.:             | Abandonment Type:             |