	CITY OF DE PERE	Fee:	\$ 350.00				
AUNS DEEPER	APPLICATION FOR ROW VACATION	Receipt #: Date:					
Read all instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink. SECTION 1: Applicant / Permittee Information							

Applicant Name (Ind., Org. or Entity		Representative	Title				
Mailing Address	City		State	ZIP Code			
Email Address	Phone Nur	nber (incl. area code)	Fax Number (incl. area code)				
SECTION 2: Landowner Informati	ion (complete these fields	when project site owner is dif	ferent than applica	int)			
Name (Ind. Org. or Entity)	Contact Pe		Title				
Mailing Address	City		State	ZIP Code			
Email Address	Phone Nur	nber (incl. area code)	Fax Number (incl. area code)				
SECTION 3: Right of Way Reques	sted to be Vacated						
Name of ROW:							
Legal Description to be Vacated: (Please attach map)							
SECTION 4: Reason of Vacation							
Reason for Requesting Vacation of ROW:							
SECTION 5: Certification and Permission							
Certification : I hereby certify that I am the owner or authorized representative for this Application. I certify that the information contained in this form and attachments is true and accurate.							
Name of Owner/Authorized Representative (please print)		Title	Phone Number				
Signature of Applicant			Date Signed				