Consent for Vacation

Affected Property Owner

Affected Property Owner Name:					
Mailing Address:					
Street			City	State	 Zip
Telephone:					
Signature:					
Date:					
State of)				
County of) ss.				
Personally appeared and acknowledged the foregoing				ed.	_
	9				
		Notary Pu	ıblic for:		
		My Comn	nission Expires: _		
Affected Site Tax Map No.			Tax Lot No)	