

Petition to Vacate Right-of-Way – Application Form

Community Development Department
228 S. Massachusetts Avenue, Lakeland, FL 33801
Ph: (863) 834-6011
www.lakelandgov.net



PROPERTY INFORMATION

Property Address: _____

Legal Description/Parcel ID (s): _____

Proof of Ownership: Warranty Deed Tax Record

PROPERTY OWNER INFORMATION

Name of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Marital Status: Married Single Divorced Widowed

APPLICANT INFORMATION (If not the owner)

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Marital Status: Married Single Divorced Widowed

AGENT INFORMATION (If Agent is to represent Owner, notarized letter of consent is required)

Name of Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

The owner of this property and/or the undersigned agree to conform to all applicable laws of the City of Lakeland and to all applicable Federal, State, and County laws.

Signature of Owner/Applicant Date

City Staff Only Deposit/Fees Collected: _____ Receipt #: _____