



Town of Argyle
Easement Abandonment or Right-of-Way Vacation Application

PLEASE PRINT	
Date of Application:	
Property Location:	
Legal Description:	
Reason for Request:	
Denton CAD I.D. #:	
Right-of-Way Owner or Easement Grantee Information	
Name:	Owner Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Applicant / Developer Information	
Name:	Applicant Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Engineer Information	
Name:	Engineer Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:
Surveyor Information	
Name:	Surveyor Signature:
Address:	Work Phone:
City/State/Zip:	Phone:
Fax:	Email:
Contact Name:	Contact Number:

<i>FOR OFFICE USE ONLY</i>		
<i>Date Received:</i>	<i>Application Fee:</i>	
<i># of Signs:</i>	<i>P&Z Date:</i>	<i>Town Council Date:</i>
<i>Employee:</i>	<i>Application Filed:</i>	
<i>Cash / Check # / CC:</i>	<i>Project #</i>	