

**CITY OF OAKLAND PARK
COMMUNITY DEVELOPMENT DEPARTMENT
APPLICATION FOR THE VACATION OF A DEDICATED PUBLIC WAY**

UTILITY REVIEW FORM

FROM: _____
(Utility Company)

DATE: _____ CONTACT PERSON: _____

PHONE NO.: _____

SUBJECT: Application to Vacate: _____

_____ located in the City of Oakland Park, Florida

___ We have no facilities in the area to be vacated and have no objection to approval of this application.

Typed or Printed Name/Title: _____

(Signature)

___ We have facilities in the area to be vacated and have no objections to approval of this application, provided the applicant will:

___ Pay for relocation of these facilities. Cost is \$ _____
(Please enclose diagram depicting relocation).

___ Pay for replacement of these facilities. Cost is \$ _____

___ Provide an easement. (Please enclose a sketch and legal of required easement).

Typed or Printed Name/Title: _____

(Signature)

___ We object to the proposed vacation for the following reasons:

Typed or Printed Name/Title: _____

(Signature)