Town of Hurt, Virginia
Request for Vacation of Platted Right-of-Way

Applicant/Property Owner _____

Property Address _____

Mailing Address (if different) _____

Location/Description of Right-of-Way to be Vacated (attach copy of plat) _____

_____

Names, Addresses, and Tax Parcel ID #'s for all adjoining landowners (Please attach a separate sheet if there are more than four):

Name _____ Address _____ Tax Parcel ID# _____

Name _____ Address _____ Tax Parcel ID# _____

Name _____ Address _____ Tax Parcel ID# _____

Name _____ Address _____ Tax Parcel ID# _____

I/we hereby apply to the Town Council of Hurt, VA for vacation of the right-of-way shown on the attached plat. We acknowledge receipt of a copy of Virginia Code § 15.2-2006, as amended, and agree to pay all costs related to this application.

Applicant/Owner _____ Date _____

Applicant/Owner _____ Date _____

Web: townofhurtva.gov Facebook: Town of Hurt, Virginia
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Office: 434-608-0554 Fax: 434-205-1177