

Return completed form to the address above.

Public Right-of-Way (ROW) Use Request

Property Address: Public ROW Description: (i.e. location, width, utilities present, etc.)	
Description of Area of Desired Improvements, Inte (Attach sketch as appropriate)	nded Use, and Locations of Utilities:
Attachments: Yes / No	
restore improvements damaged by the City in the c restoration. I also understand that this permit is rev	Thile the City will exercise reasonable care while blic right-of-way, the City will not be responsible to ourse of its work. The City has no responsibility for vocable at any time by the City. Within 60 days above at the above listed address will be removed by
Responsible Person/Organization	Date
Mailing Address:	
Telephone #:	
Special Conditions Imposed by City:	
<u>Approval</u> / <u>Disapproval</u>	
Public Works Director	Date
	Return completed form to address above.