

**CITY OF CLARKSTON
STREET VACATION APPLICATION**

Date _____

I hereby make application for the vacation of _____

From _____ to _____.

The reasons for the vacation are _____

Public benefits to be derived from the vacation are _____

Lot _____ Block _____

Proponent's (Record Owner's) Signature _____ Phone _____

Addition _____ Address _____

Lot _____ Block _____

Proponent's (Record Owner's) Signature _____ Phone _____

Addition _____ Address _____

Lot _____ Block _____

Proponent's (Record Owner's) Signature _____ Phone _____

Addition _____ Address _____

\$100.00 Filing Fee must accompany application.
(Make checks payable to City of Clarkston)

Return completed application to: City of Clarkston, Public Works Department
829 5th Street, Clarkston, WA 99403 (509) 758-1662