



VAC # \_\_\_\_\_  
Date \_\_\_\_\_

**REQUEST FOR VACATION  
OF ALLEY, EASEMENT OR STREET**  
City of Williamsburg  
401 Lafayette Street  
Williamsburg, VA 23185-3617  
(757) 220-6130 FAX: (757) 220-6130

\*\*\*\*\*

**TO THE COUNCIL OF THE CITY OF WILLIAMSBURG:**

(I) (WE) THE UNDERSIGNED

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

DO HEREBY PETITION THE COUNCIL OF THE CITY OF WILLIAMSBURG TO VACATE THE FOLLOWING ALLEY, EASEMENT OR STREET:

[Describe area to be vacated by metes and bounds or by identifying all abutting property, by lot number or City tax map identification. Attach description on separate page if necessary.]

\*\*\*\*\*

Existing zoning classification(s) and dimensions of property abutting alley, easement, lot line or street(s).

\*\*\*\*\*

The vacation is requested for the following reason(s):

The property abutting the alley, easement or street to be vacated is owned by:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax Numbers \_\_\_\_\_

\*\*\*\*\*

If request is made by someone other than the owner(s) of abutting properties, please complete the following:

The undersigned hereby deposes and says that (he/she is) (they are) owner(s) of property abutting the proposed vacation and that this application is made with (his/her) (their) full knowledge and consent.

\_\_\_\_\_  
printed name & phone

\_\_\_\_\_  
printed name & phone

\_\_\_\_\_  
signature of owner & date

\_\_\_\_\_  
signature of owner & date

\*\*\*\*\*

STATE OF VIRGINIA  
CITY OF WILLIAMSBURG, TO WIT:

THIS AUTHORIZATION FORM WAS ACKNOWLEDGED BEFORE ME

ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BY \_\_\_\_\_

\_\_\_\_\_ .

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expiration

\*\*\*\*\*

Petitioner represented by:

\_\_\_\_\_  
printed name

\_\_\_\_\_  
firm name

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, state, zip

\_\_\_\_\_  
phone/fax numbers

\_\_\_\_\_  
E-mail

\*\*\*\*\*