

Boone County, Kentucky
Vacation of Right-of-Way
Application

Date _____

I hereby make application for the vacation of the right-of-way of _____
from _____ to _____

The reason(s) for the vacation are: _____

Public benefits (if any) to be derived from the vacation are: _____

Applicant's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

Adjoiner's Name _____ Signature _____
Address _____

\$200.00 application fee must accompany application.
Make checks payable to the Boone County Fiscal Court

Return completed application to: Boone County Public Works Department
5645 Idlewild Road
Burlington, KY 41005