

**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 \_\_\_\_\_

