



**Application for
Right-of-way / Easement
Closure or Encroachment Agreement**

APPLICATION IS HEREBY MADE TO THE CITY OF TULSA TO CONSIDER THE FOLLOWING:

CHOOSE (1) CLOSURE: _____ ENCROACHMENT: _____

CHOOSE (1) RIGHT-OF-WAY: _____ EASEMENT: _____ AIR SPACE: _____

County Assessor Parcel Number: _____ Zoning: _____

Property Location: _____

Legal Description: Subdivision: _____ Plat No.: _____

Lot: _____ Block: _____

Section: _____ Township: _____ Range: _____

IF UNPLATTED ATTACH LEGAL DESCRIPTION.

Applicant Name: _____

Applicant Company: _____

Applicant D.B.A.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Point of Contact: _____

Phone: _____ Email: _____

Property Owner(s) of Record: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signatures

Applicant: _____ Date: _____

Property Owner(s): _____ Date: _____

_____ Date: _____

_____ Date: _____



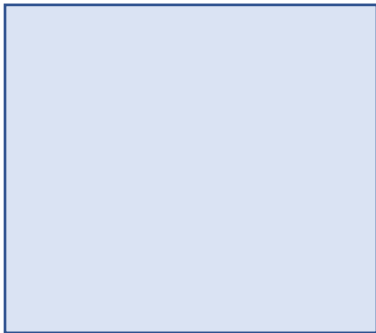
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City of Tulsa Application Receipt

Application No: _____ (use for tracking)

Received By: _____

Check No: _____ Online Payment Confirmation No: _____



Received Date Stamp

Notes: _____

Signatures

Applicant Signature: _____ Date: _____

COT Staff Signature: _____ Date: _____