CITY OF ST. CLAIR SHORES

27600 Jefferson Avenue
St. Clair Shores, MI 48081
586-447-3340 586-445-4098 (fax)
www.scsmi.net

REQUEST FOR VACATION

I, _____, owner/representative of owner, of property

described as _____

_____
(lot number and subdivision)

do hereby request the City Council of the City of St. Clair Shores to vacate_____

_____

_____

and agree to pay the necessary charge of $350* *(CDI $200, Clerk $150)* to cover the expenses for a hearing.

REASON FOR REQUEST _____

_____

_____ _____
APPLICANT NAME **ADDRESS**

_____ _____
TELEPHONE **CITY, STATE, ZIP**

Planning Commission Comments _____

_____

Property more particularly described as:_____

_____

Property located:_____

_____