

QUITCLAIM APPLICATION

Date:

1. Applicant(s):

Address:

City:

State:

Zip:

Applicant is the: ☐ Owner(s) or ☐ Representative(s) of the owner (s) of the properties shown on the attached sketch or described below.

2. The easement to be quitclaim is for:

- ☐ Sanitary Sewer
- ☐ Storm Drain
- ☐ Slope Easement
- ☐ Other:

Purpose is located at:

Property Description:

3. The project lies within or shown on:

- a. Engineering District:
- b. Council District Office No. (can be found on [NavigateLA](#)):
- c. District Map No.:
- d. Thomas Guide Reference No.:

4. Document/Map which dedicated easement:

5. Quitclaim of the easement is necessary because:

6. Telephone number/email address at which I can be contacted during the day:

Phone: () - Email:

7. Applicant Signature:



Elizabeth Parker
Regional Operations Manager

8. Owner(s) name and address (if applied for by a Representative):

Name(s):

Address:

City:

State:

Zip: