



City Of Edina, Minnesota
DEPARTMENT OF ADMINISTRATION

4801 West 50th Street, Edina, Minnesota 55424-1394
Phone (952) 927-8861 TDD (952) 826-0379 Fax (952) 826-0390

PUBLIC RIGHT OF WAY VACATION APPLICATION

Applicant _____
Print Name

Address _____
Street City/State Zip

Telephone No. _____ Fax No. _____

I hereby petition the City Council of the City of Edina to vacate all of the following described public right of way pursuant to M.S. 412.851 and Edina Code Section 820:

- Street
- Alley
- Utility Easement
- Drainage Easement
- Other _____

Legal description of the area proposed to be vacated (**Please note all legal descriptions shall be transmitted electronically to the City of Edina City Clerk: Dmangen@ci.edina.mn.us**):

Does the area proposed to be vacated or any part thereof terminate at or abut upon any public water?
 Yes No

Please note if the area requested to be vacated terminates at or abuts upon any public water, no vacation shall be made unless written notice of the petition is served by certified mail upon the commissioner of natural resources by the City of Edina thirty days before any Council action.

- **Attach a copy of a scaled drawing showing in full detail the area proposed to be vacated.**
- **Include the vacation fee of \$435.00 with your application.**

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number and Social Security Number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, Department of Public Safety, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Telephone Number _____

Date Initiated _____ Signature _____