

**SUN 'N LAKE OF SEBRING IMPROVEMENT DISTRICT  
APPLICATION FOR VACATION OF EASEMENT, PUBLIC RIGHT-OF-WAY OR PLAT**

This application must be filled out in detail and submitted to the office of the General Manager for the Sun 'n Lake of Sebring Improvement District, Highlands County, Florida, accompanied by a nonrefundable fee of \$200.

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone number of applicant: \_\_\_\_\_

1. Address or approximate location of easement, public right-of-way, plat or part thereof to be vacated:
  
  
  
  
  
  
  
  
  
  
2. Legal Description and Sketch Drawing of easement, public right-of-way, or platted area proposed to be vacated, (attach legal and drawing as necessary).
  
  
  
  
  
  
  
  
  
  
3. Reason you desire the easement, public right-of-way, plat or part thereof to be vacated:
  
  
  
  
  
  
  
  
  
  
4. Names and addresses of the owners and contract purchasers of all the property adjoining the easement, public right-of-way or platted area proposed to be vacated:

**SUN 'N LAKE OF SEBRING IMPROVEMENT DISTRICT  
APPLICATION FOR VACATION OF EASEMENT, PUBLIC RIGHT-OF-WAY OR PLAT**

5. Written consent from all persons who own property adjacent to the proposed vacation must be attached to this form along with documentation evidencing all assessments are paid.

**I/We are the owner/owners on record and grant my/our permission for this application:**

(Signature of Applicant, Representative of the Applicant, or the Property Owner (s) )

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*STATE OF FLORIDA*

*COUNTY OF HIGHLANDS*

**I HEREBY CERTIFY** that on this day before me, an officer duly qualified to take acknowledgments, personally appeared \_\_\_\_\_ to me known or who produced \_\_\_\_\_ as identification and who executed the foregoing instrument and acknowledged before me that he/she executed the same.

**WITNESS** my hand and official seal in the state and county named above.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Notary Public, State of Florida at Large  
(affix notarial seal)

**Approved By:**

\_\_\_\_\_  
(Sun 'n Lake Improvement District Authorized Personnel)

\_\_\_\_\_  
(Position & Date)