



CITY OF CUMBERLAND, MARYLAND

**REQUEST FORM
CLOSING OF PUBLIC RIGHT-OF-WAY**

APPLICATION NO. _____ **DATE** _____

DATE FILED _____

1. PETITIONER:

NAME

ADDRESS

TELEPHONE _____

FAX _____ **E-MAIL** _____

2. NAME OF PUBLIC RIGHT-OF-WAY _____

INTERSECTING STREETS _____

3. APPLICANT'S INTEREST IN THE PROPERTY:

4. REASON FOR APPLICATION:

CITY USE ONLY:
APPROVED: _____
DISAPPROVED: _____

PRELIMINARY APPROVAL/DISAPPROVAL

DEPARTMENT OF ENGINEERING

DEPT. OF COMM. DEVELOPMENT

COMMENTS: _____