



9500 West Sample Road | Coral Springs, FL 33065 coralsprings.gov/communitydevelopment Phone: (954) 344-1160 | Fax: (954) 344-1181 Monday-Thursday 8:00 am-5:30 pm | Friday 8:00 am-3:00 pm

Hover form fields for instructions.

Petition for Abandonment of Easement (AE)

Name of petitioner (or firm)	Authorized	Authorized representative/firm	
Street address		Contact email	
City	State	ZIP Code	
Property description			
l, the owner of the above-described following described easement.	d property, do hereb	y petition the City of Coral Spr	rings to vacate the
Easement description			

The following supporting documents shall be attached to this petition.

- Metes and Bounds Legal Description and Sketch of easement to be abandoned, signed, and sealed by a Registered Land Surveyor (three {3} 11x17" copies required)
- Petition fee of \$499.92, plus recordation fee and advertising costs to be determined by the City Clerk's office
- Proof of Ownership (attorney's opinion or title certificate)
- Standard Release
- Certified Resolution
- Letters from every utility company with a franchise to operate within the municipal limits of Coral Springs
 - Florida Power & Light
 - AT&T
 - Cable TV
 - Drainage district and/or improvement district

Statement or reason for abandonment

For use when petitioner is the owner of subject property

This is to certify that I am the owner in fee simple of subject lands described above in the Petition for

Abandonment. Property owner signature/date Property owner name State ____ County____ The foregoing instrument was acknowledged before me on by means of: Ophysical presence Oonline notarization Opersonally known Oproduced identification ID type Notary signature/date My commission expires Notary seal For use when petitioner is not the owner of subject property This is to certify that I am the owner of the subject lands described in the petition and that I have authorized the person listed below to make and file the aforesaid petition. Corporate officer/owner name Title Corporate officer/owner signature/date State County The foregoing instrument was acknowledged before me on by means of: Ophysical presence Oonline notarization Opersonally known Oproduced identification ID type Notary signature/date My commission expires Notary seal Upon approval by the City Commission, the attached conveyance instrument shall be recorded in the Broward County public records by the City Clerk of the City of Coral Springs. For office use only Accepted by Date accepted Section Petition





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Petition for Acceptance of Abandonment Standard Release

This Release of All Claims and Indemnification Agreement is made on				
By (name)	Of	f (address)		
City	State			
 Hereby release, was herein referred to administrators, of a person or property Hereby covenants representatives an Springs and their coloss or damage the permitted activity. Hereby fully acknowinvolves risk of ser injury, death or produced the RELEA judgments that made the Undersigned hand further agrees written instrument. 	nistrators: nive and discharge the City as RELEASEES, from any a and from all claims, causes of the Undersigned whet not to sue and agrees that d assigns will never institu officers, agents, subsidiarie at may be sustained by the wledges and understands ious injury or death and per operty damage. Indemnify, defend, save an ASES may suffer as a resular arise out of or in any wa has read and voluntarily signals that no oral representation have been made.	by the City of Coral Springs, I, the undersigned, for myself, my of Coral Springs, and its agents, officers and employees, and all liability to the Undersigned, his heirs, assigns and so of action and damages on account of death or injury to the ther caused by the negligence of the RELEASES or otherwise at the Undersigned and his heirs, administrators, personal atte any action at law or in equality against the City of Coral es and employees on account of death, injury or any other e Undersigned arising out of or in any way connected with the sthat the Undersigned will be engaged in activity that ersonally assumes full responsibility for and risk of bodily and hold harmless RELEASES from any and all liability, loss or lit of claims, demands, losses, costs, causes of action, liens or any connected with the Abandonment. Igns this Release of all Claims and Indemnification agreement ons, statements or inducements, apart from the foregoing and on the date written above.		
Witness signature/date		Owner signature/date		
Witness signature/date				

Certified Resolution (Only for Corporations)

followed explicitly, but the Certified F	Resolution submitted must clea	esolution desired. Such form fleed not be arly show to the satisfaction of the City of properly empowered by the corporation to
Corporation name	State of incorporation	Secretary name
Authorized official	Corporate title	
Purpose of petition		
		by certify that the following resolution was corporation at a meeting held in accordance
City of Coral Springs for the purpose said corporation. Such instruments si	described above and other ne gned by him or her shall be bir	e authorized to execute this Petition to the ecessary written instruments on behalf of adding upon said corporation as its own acts those authorized to act by the foregoing
indemnified and saved harmless from	any and all claims, demands,	ch certification of the Secretary and shall be expenses, loss, or damage resulting from or for refusing to honor any signature not so
I further certify that the above resolu	tion in in force and effect and	has not been revised, revoked, or rescinded
I further certify that the following are act by the foregoing resolution.	the names, titles, and official s	signatures of those persons authorized to
		Signature/date
Name	Title	
Given under my hand and the seal of	this corporation:	

Corporate seal

Secretary signature/date

Joinder and Consent of Mortgagee

Mortgagee	[Date of mortgage	Mortgage recorded	Record book & page
, being the holder of tha subordinate its mortgag			on the dates listed abo	ove, hereby consent and
			Mortgagee signature/date	
		 Title		
Notarization				
State	County			
The foregoing instrumer by means of: Ophysica				
opersonally known (produced identificat	ion ID type		
Notary signature/date		Mv commis	ssion expires N	otary seal