



OFFICE USE ONLY:

D ____ - ____ INF ____ - ____ CIP ____

Date Received ____

Date Town Manager Office Recvd ____

Date Needed Back By ____

Recorded Copy Returned ____

Whose Project ____

☐ Collin Co. ☐ Denton Co. ☐ Other Co.

Developer Paying ☐ Yes ☐ No

Check No. ____

Check Amount: ____

Total Fees: ____

Account No. Billed: ____

EASEMENT APPLICATION

Project Name: _____

Easement Title: _____

Number of Copies Provided: _____

Contact Information of Recipient(s) who will receive the recorded electronic copy:

♦ Name: _____

♦ Phone Number: _____

♦ Email Address: _____

♦ Name: _____

♦ Phone Number: _____

♦ Email Address: _____

Attorneys Fees (If applicable): _____

Additional Notes: _____

