

**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: _____

