

### QUITCLAIM APPLICATION

**Date:**

1. Applicant(s):

Address: City: State: Zip:

Applicant is the:  Owner(s) or  Representative(s) of the owner (s) of the properties shown on the attached sketch or described below.

2. The easement to be quitclaim is for:

- Sanitary Sewer
- Storm Drain
- Slope Easement
- Other:

Purpose is located at:

Property Description:

3. The project lies within or shown on:

- a. Engineering District:
- b. Council District Office No. (can be found on [NavigateLA](#)):
- c. District Map No.:
- d. Thomas Guide Reference No.:

4. Document/Map which dedicated easement:

5. Quitclaim of the easement is necessary because:

6. Telephone number/email address at which I can be contacted during the day:

Phone: ( ) - Email:

7. Applicant Signature: 

8. Owner(s) name and address (if applied for by a Representative):

Name(s):

Address: City: State: Zip: