WASHINGTON COUNTY, TENNESSEE
PETITION FOR ROAD CLOSURE

1. Name and address of petitioner(s): _____

_____

_____

_____

2. Name of road to be affected: _____
3. Length of closure (nearest tenth of mile) _____
4. Width of right-of-way, nearest foot _____
5. Width of roadbed, nearest foot _____

6. Names and address of property owners whose property is accessible via the portion of the road to be closed:

Name:_____

Address:_____

Name:_____

Address:_____

Name:_____

Address:_____

Name:_____

Address:_____

Name:_____

Address:_____

Description of beginning and ending points (Refer to names of existing public road or attach legal description with survey):

7. Recommendation of Regional Planning Commission:

8. Recommendation of the Road Superintendent:

9. Recommendation of the County Attorney:

We, the following property owners request the above-described road closure:

_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
Telephone #	Telephone #
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
Telephone #	Telephone #
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name

Address	Address
Telephone #	Telephone #
Signature	Signature
Print Name	Print Name
Address	Address
Telephone #	Telephone #