



City of Parkland

6600 University Drive

Parkland, Florida 33067

Phone: (954)753-5447 Fax: (954) 753-8838

Utilities / Drainage Easement Agreement

Date: _____

Contractor Name: _____

Contact Person: _____

Contractor Address: _____

City, State, Zip _____

Contractor Phone: _____

Fax: _____

E-mail: _____

I propose to apply for a building permit to erect the following:

(Description of proposed structure)

(Physical Address)

(Legal Description / Property Control)

I understand that your company will not be responsible in any way for repairs or replacement of any portion of this _____ and that any removal or replacement of this construction necessary for your use of this easement will be done at my expense.

(Applicant - Signature)

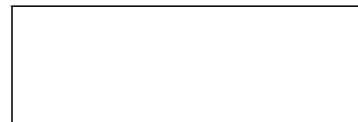
(Applicant - Printed)

(Address)

Sworn and subscribed before me this ____ day of _____, 20 __, By _____ who is personally known to me or who has produced _____ (type of I.D.) as identification and who **did** / **did not** take an oath.

Notary Public Signature: _____

My Commission Expires: _____



(Utility / Drainage company Signature and Title)

(Type/Print Name and Title)

(Date)