



CITY OF LINDSBORG

101 South Main • PO Box 70 • Lindsborg, Kansas • 67456-0070
(785) 227- 3355 • Fax (785) 227- 4128 • www.lindsborgcity.org

Sidewalk Waiver Request

DATE: _____

FILING FEE \$7.00

PROPERTY OWNER MAILING INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

PROPERTY ADDRESS:

LEGAL DESCRIPTION: (or attach a copy)

Action Requested:

Reason for Request:

Property Owners (signature): _____

Property Owners (print): _____

STATE OF KANSAS)

) ss:

COUNTY OF _____)

This instrument was acknowledged before me on _____, 20_____, by

Notary Public

My Appt Expires: _____

City Clerk Office

Non-refundable Filing Fee Paid: _____ Date Filed: _____ City Council: _____