Application Number _____

Vacation Submission Continuation Form

Additional Petitioner Information	
Petitioner 2	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 3	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 4	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 5	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 6	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 7	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 8	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 9	Folio(s)
Address	
City, State, Zip	Phone
Email	

Additional Petitioner Information	
Petitioner 10	Folio(s)
Address	
City, State, Zip	Phone
Email	

AUTHENTICITY OF OWNERSHIP

The undersigned Petitioner(s) has/have fully reviewed the instructions concerning the Application for Vacation and Abandonment and understand(s) that the Application must be complete and accurate prior to Broward County acceptance and review. The undersigned hereby petitions the Broward County Board of County Commissioners to vacate and abandon the property described herein. By signing as Petitioner(s), the undersigned certifies authenticity of ownership and, when applicable, authorizes the Agent to be its representative in the Application to Vacate and Abandon process.

PETITIONER

_____ Date

_____ Print Name

_____ Signature

WITNESS

_____ Print Name

_____ Signature

OWNER
(if not petitioner)

_____ Date

_____ Print Name

_____ Signature

WITNESS

_____ Print Name

_____ Signature

NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence | ☐ online notarization, this _____day of _____, 20_____, by _____, of _____, on behalf of _____.

He/she ☐ is personally known to me | ☐ has produced _____ as identification.

_____ Name of Notary Typed, Printed or Stamped

_____ Signature of Notary Public – State of Florida

_____ Notary Seal (or Title or Rank)

_____ Serial Number (if applicable)