

CITY OF ROCK ISLAND

5 N Garden Ave
PO Box 99
Rock Island, WA 98850

BOUNDARY LINE ADJUSTMENT

PROPERTY OWNER A

PROPERTY OWNER B

PHONE _____

PHONE _____

NOTE: All persons holding a financial interest in the property must be listed. i.e. banks, personal contract holders, etc.

NAME AND ADDRESS

NAME AND ADDRESS

PARCEL # _____

PARCEL # _____

PRESENT LOT SIZE _____

PRESENT LOT SIZE _____

PROPOSED LOT SIZE _____

PROPOSED LOT SIZE _____

Location of properties (Use street address, if applicable): _____

THIS ADJUSTMENT HAS BEEN REVIEWED AND APPROVED PER R.C.W. 58.17 AND TITLE 17 OF THE ROCK ISLAND MUNICIPAL CODE.

BY _____

DATE _____

PRESENT LEGAL DESCRIPTIONS: You must attach a copy of the recorded documents to this application.

PARCEL A:

PARCEL B:

NEW LEGAL DESCRIPTIONS: At the time of recording you must attach the new document to convey the proposal, i.e. quit claim deed, warranty deed.

PARCEL A:

PARCEL B:

Please attach a separate 8 1/2" x 11" sheet of paper for a scale drawing to show the location of the present and proposed property boundaries. Also, indicate the present location of all buildings, water lines, septic systems, easements, streets, etc.

DISCLAIMER

Since a boundary line adjustment is exempt from the subdivision regulations, The City of Rock Island assumes no liability in any action which may arise as a result of this boundary line adjustment. The owners of the properties represented herein do hereby acknowledge and agree that the City is not liable in any action arising out of this matter.

Property Owner A

Property Owner A

Property Owner B

Property Owner B