



Building & Planning Department
St. John Municipal Building
10955 W. 93rd Ave.
St. John, IN 46373
Phone: (219) 365-5301
Fax: (219) 558-2082

EASEMENT WAIVER

DATE: _____

NAME: _____

ADDRESS: _____

SUBDIVISION: _____

LOT: _____

PHONE: _____

E-MAIL: _____

I certify that I am the owner of the property listed above. I verify in this signed document that I am fully aware that I am placing a fence in a designated easement, which will be removed at my own expense if necessary utility work or maintenance is mandated. I assume full responsibility for this decision/action.

Signature of Property Owner

Date

Witnessed

Date