

**TOWN OF ATKINSON
OFFICE OF THE SELECTMEN**

21 ACADEMY AVE.
ATKINSON, NH 03811
TELEPHONE 603-362-5266

WORK EASEMENT

KNOW ALL MEN BY THESE PRESENTS that I/We _____

of _____

Atkinson, Rockingham County, State of New Hampshire, grant to the Town of Atkinson, a municipal corporation in said County and State, the right to work; remove trees, brush, soil and rock and general excavating, over Lot Number _____ on Tax Map Number _____ on _____, as required.

Witness my hand and seal this _____ day of _____, 1999.

WITNESS:

STATE OF NEW HAMPSHIRE
Rockingham, ss.

Before me, the undersigned officer personally appeared and acknowledged the foregoing instrument to be their free act and deed.

Notary Public

My Commission Expires: _____

DISCRETIONARY EASEMENT APPLICATION

NAME OF APPLICANT _____
Last Name First Name

MAILING ADDRESS _____
Street _____
Town State Zip

Local tax map and lot number (s) of land being classified: _____

Total number of acres in the parcel: _____

Number of acres easement is requested for: _____

Book, page, and recording at County Registry of Deeds: _____

Describe how the property meets the tests of public benefit per RSA 79-C:3. Attach additional sheets if necessary.

*****Attach a map of the entire parcel (s). Adequately identify and orient the location of the property. Show overall boundaries and acreages of land for which the applicant is seeking a discretionary easement and land not to be included in the easement.*

Attach an appraisal to justify the value of the easement to be conveyed.

SIGNATURES OF ALL LANDOWNERS:

DATE

_____	_____
_____	_____
_____	_____
_____	_____

FOR ASSESSING OFFICIALS USE ONLY

GRANTED pending approval of Discretionary Easement Agreement by landowner and assessing officials

DENIED

REMARKS _____

ASSESSING OFFICIALS SIGNATURES

DATE

_____	_____
_____	_____
_____	_____
_____	_____