



Release of Securities Application

290 E Central St Springfield, MO 65802 ·
Phone (417) 864-1944 · Fax (417) 864-1499 · Email: sedavis@springfieldmo.gov

Land Disturbance Permit # _____

Project Name: _____

Property Address: _____

Recorded Property Owner: _____

(Please Print)

Address: _____

(City) (State) (Zip)

Telephone # _____ Fax # _____

Release Securities to (Must Match Form W-9): _____

Address: _____

(City) (State) (Zip)

Telephone # _____ Fax # _____

*Submittal of this application does not imply that a release of securities has been or will be authorized and issued.
Release of securities is dependent upon an approved permit termination or partial release of securities inspection.*

I hereby certify that I am the legal owner of the property for which this release of securities is requested or his/her legally authorized agent.

Please Use Ink to Print Name and Sign

Signature

Date