



Transportation Systems
Management Division
2901 W. Durango Street
Phoenix, AZ 85009
Phone: 602-506-8676
Fax: 602-506-8758
www.mcdot.maricopa.gov

MCDOT Right-of-Way Reservation Action Request Form

Note: Incomplete applications may result in delay of review.

Request for Waiver (please check one):

*All requests will be approved at the maximum allowed.

Right of Way
Reservation Fence

Owner's Name: _____

*If change in ownership within the past year, please attach deed.

Applicant's Name (if not owner): _____

* Please attach authorization letter

Phone: (____) _____ - _____ Email: _____

Mailing Address: _____

Assessor's Parcel Number: _____

Building Permit Number: _____

Name of adjacent roadway(s): _____

Location of action, request circle all that apply: N S E W

Reason for Request (be specific as possible): _____

Applicant's Signature: _____ Date: _____

FOR MARICOPA COUNTY USE ONLY

Copy of Property Deed Attached? ____ Yes ____ No ____ Not Applicable

Authorization Letter Attached? ____ Yes ____ No ____ Not Applicable

Application Fee - \$75.00

Receipt # _____ Date: _____

Received By: _____

Comments: _____