



**TERMINATION OF THE  
MULTIPLE USE AGREEMENT**

**BETWEEN THE STATE AND the City of Pflugerville  
FOR THE Public Sidewalk**

**STATE OF TEXAS §**

**COUNTY OF TRAVIS §**

This Agreement terminates the previously executed Multiple Use Agreement for construction, maintenance, and operation of Public Sidewalk on the Texas Department of Transportation right-of-way, in Travis County, originally dated the 11th day of June, 2013, by and between the Texas Department of Transportation, hereinafter referred to as "State" and the City of Pflugerville, hereinafter referred to as the City.

**WITNESSETH**

**WHEREAS**, the City has requested the State to discontinue their responsibilities for the continued maintenance and operation, of public sidewalk, located within State right-of-way on FM 685, Control 757-2 Section  in Travis County, and being more particularly described in the exhibits attached hereto and made a part hereof; and

**WHEREAS**, the governing body of the the City has indicated by Resolution/Ordinance No. 1365-13-06-11-014, on the  day of , 20 to dissolve their partnership with the State evidenced by the execution of the this Agreement with the State; and

**WHEREAS**, the the City will undertake to restore the area to a condition acceptable to the State prior to the execution of this agreement.

- A. Exhibit A - site map;
- B. Copy of Original Multiple Use Agreement
- C. Copy of Resolution/Ordinance

**IN WITNESS WHEREOF**, the parties have hereunto affixed their signature, the \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and the State on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**STATE OF TEXAS**

Certified as being executed for the purpose of activating and/or carrying out the orders, established policies, or work programs heretofore approved by the Texas Transportation Commission.

\_\_\_\_\_  
(Name of other party)

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

By: \_\_\_\_\_  
Director, Maintenance Division Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Director, Maintenance Division Printed Name

\_\_\_\_\_  
Contact Name

**APPROVAL RECOMMENDED:**

By: \_\_\_\_\_  
District Engineer Signature

\_\_\_\_\_  
Contact Telephone No.

\_\_\_\_\_  
Tucker Ferguson, P.E.  
District Engineer Printed Name

\_\_\_\_\_  
Date