



Town of Apple Valley
 1777 N Meadowlark Dr
 Apple Valley UT 84737
 T: 435.877.1190 | F: 435.877.1192
 www.applevalleyut.gov

Date Rec'd: _____

Town Services Termination Request

Office Use Only:
 DATE _____ ACCOUNT NUMBER _____ INITIALS: _____
 METER READ _____

**** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE FILL IN ALL INFORMATION. ****

NAME _____

SERVICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Services to be terminated (please check all that apply):

- Solid Waste Services** from the Town of Apple Valley, Utah
- Storm Drainage** from the Town of Apple Valley, Utah
- Culinary Water** from Big Plains Water and Sewer SSD

DATE OF TERMINATION _____

This form may be emailed (mkinney@applevalleyut.gov) or faxed (435-877-1192).

I hereby agree to the foregoing.

Applicants

Signature _____ **Date:** _____

OFFICE USE ONLY

New Owner/Renter Contacted Name _____
 Address _____
 Telephone _____

Application for Services received – DATE _____