



Town of Apple Valley  
1777 N Meadowlark Drive, Apple Valley Utah, 84737  
(435)877-1190 Fax (435)877-1192  
applevalleyut.org

**APPLICATION TO APPEAR BEFORE TOWN COUNCIL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Town Council meeting for this agenda item to appear \_\_\_\_\_

Purpose of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Final approval of this application is subject to all necessary paperwork being submitted, as well as Town staff requirements being met. When other earlier deadlines are not specified, this application must be submitted no later than 4:00 p.m. the Wednesday, one week and one day prior to the regularly scheduled Council meeting.

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Town Administration / Date