



1777 N. Meadowlark Drive, Apple Valley, UT 84737 · Phone: 435-877-1190 · Fax: 435-877-1192 · www.applevalleyut.gov

**TERMINATION OF SERVICES**

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 \_\_\_\_\_  
FORWARDING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

- Solid Waste Services from the Town of Apple Valley, Utah and/or
- Storm Drainage from the Town of Apple Valley, Utah and/or

DATE OF TERMINATION \_\_\_\_\_

This form may be emailed ([mkinney@applevalleyut.gov](mailto: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 \_\_\_\_\_  
ACCT # \_\_\_\_\_

Attach this form to the Application for Services