



**UTILITY SERVICES**  
**DISCONNECT or TERMINATION APPLICATION**  
**HILDALE / COLORADO CITY UTILITY DEPARTMENTS**  
**320 EAST NEWEL AVENUE, P.O. BOX 840490**  
**HILDALE, UT 84784-0490 PH# (435) 874-1160**

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account # \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_  
State License #

If Business, Business Name \_\_\_\_\_ Business Tax ID: \_\_\_\_\_

**Service Address Information:**

\_\_\_\_\_  
Street Address Apt # or Lot #

\_\_\_\_\_  
City State Zip

**Requested Service:**

**Disconnect:**

- Water
- Wastewater
- Gas

**Terminate:**

- Water
- Wastewater
- Gas

**Date Service to be Done:** \_\_\_\_\_

**YOU WILL BE RECEIVING A FINAL BILL FOR THE BASE RATES AND USAGE ON THIS ACCOUNT. THIS AMOUNT MUST BE PAID TO CLOSE YOUR ACCOUNT. UNPAID FINAL BILLS WILL ACRUE PENALTY CHARGES.**

**Final Bill Mailing Address:**

\_\_\_\_\_  
Street Address Apt # or Lot #

\_\_\_\_\_  
City State Zip

**Signature:** \_\_\_\_\_

Utility Department Use Only			For Office Use Only	
<input type="checkbox"/> Service Order Created	<input type="checkbox"/> Landfill Papers Completed	<input type="checkbox"/> Court Monitor Form Completed	<input type="checkbox"/>	Deposit Transferred
Processed by: _____			<input type="checkbox"/>	Deposit Applied
Date: _____			<input type="checkbox"/>	Deposit Refunded
Notes: _____			<input type="checkbox"/>	DEACTIVATE AUTOPAY
_____			Notes: _____	
_____			_____	