



**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:** \_\_\_\_\_ **xx-** \_\_\_\_\_  
State License #

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

**Service Address Information:**

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

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

**Requested Service:**

**Temporary Disconnect:**

☐ Water  
☐ Wastewater  
☐ Gas

**Final Bill/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	SO #	_____
Processed by: _____				Date: _____	
Notes:				Deposit Transferred	
				Deposit Applied	
				Deposit Refunded	
				DEACTIVATE AUTOPAY	
				Notes:	