Little Colorado Sanitary District

Service Disconnection Request Form

This form must be completed by the property owner (or authorized representative) requesting permanent disconnection from the Little Colorado Sanitary District sewer system. Upon approval and completion of this disconnection, the Little Colorado Sanitary District will notify the Apache County Health Department that the property is no longer connected to public sewer service. The Health Department may determine that any structure on the property is uninhabitable until sewer service is restored and verified.

Property Information

Service Address: _____

Parcel Number: _____

Type of Structure: _____

Account Number: _____

Owner / Authorized Representative Information

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Relationship to Property: _____

Reason for Disconnection (check all that apply)

- ☐ Structure destroyed (fire, flood, etc.)
- ☐ Property condemned
- ☐ Deceased owner / probate estate
- ☐ Vacant or abandoned property
- ☐ Other: _____

Requested Effective Date of Disconnection: _____

Certification & Acknowledgment

I understand that once disconnected, the structure served by this sewer connection is uninhabitable and may not be reoccupied until a new connection is approved by the District. I certify that all outstanding sewer charges will be paid in full prior to disconnection, and I grant permission for District staff to inspect or verify the disconnection.

Signature

Owner / Representative Signature: _____

Continued – For District Use Only

Received by:	
Date Received:	
Inspection Date:	
Disconnection Verified by:	
Final Billing Completed:	
Comments / Notes:	