

## **Town of Apple Valley**

## **Request for Payoff**

Complete page 1 of 2 only of this form. The Town of Apple Valley and AVCO will complete the request and return to you within 3 business days.

FAX both pages of Request for Payoff to AVCO @ (760) 245-4708 DO NOT FAX COPIES OF RECORDED DOCUMENTS NO VERBAL UPDATES. Updates via faxed Requests only.

To be completed by	y requestor:	
Today's Date:		
Company/ Name:		Escrow No.:
Your mailing address:_		
Phone:	FAX:	Attn:
<b>Property Informat</b>	ion:	
APN #:		
Property Address:		
Lien Documents re	equesting to be released:	Lien/account no. (TOAV use only):
Document No		
Check this box	if the new owner will be residing at this	property. Buyer address must be filled out to process.
Owner's	name and new mailing address:	Buyer name and new mailing address:

Code Enforcement Section: Completed by:		Date:	
Code Account #	Comments	Payoff Good Until	<b>Amount Due</b>
Animal Control Section: Completed by:		Date:	
Animal Control Account #	Comments	Payoff Good Until	Amount Due
Utility Billing Section: C	ompleted by AVCO CSR:	Date	
Sanitation Account #	Status/Comments	Payoff Good Until	Amount Due
** TOTAL DUE TO	THE TOWN OF APPLE	VALLEY **	S
	be released when the property		
Sanitation Account #	Status/Comments	Tax Roll Year	Amount Included on Tax

Make your check payable to the **Town of Apple Valley** and mail to: 14955 Dale Evans Parkway, Apple Valley, California, 92307 Attn: Finance Dept. **Include a copy of this completed Request for Payoff with payment.** 

<sup>\*\*</sup> Payment received by the Town of Apple Valley for the TOTAL DUE satisfies the amounts owed on these accounts. If a lien was recorded the Town of Apple Valley will process a lien release with the County of San Bernardino Recorder's Office within 45 days.