

PAYOFF FORM

Property Billing



Town of Apple Valley
CALIFORNIA

Please allow up to 5 business days for form to be returned.

Name : Email :

Address :

Escrow # : Phone Number :

Fax : Today's Date :

Property Information :

APN Number :

Property Address :

Lien Documents requesting to be released :

Document Number :

Document Number :

Document Number :

Document Number :

FOR OFFICE USE ONLY

Lien/account Number :

If there was a lien, the Town of Apple Valley will remove it with the San Bernardino County Recorder's Office within 45 days.

Sanitation Account #	Comments	Tax Roll Year	Tax Bill Number

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Code Enforcement Section Completed By : _____ Date : _____

Code Account #	Comments	Payoff Good Until	Amount Due Tax Bill Number
			\$
			\$
			\$

Animal Control Section Completed By : _____ Date : _____

Animal Control Account #	Comments	Payoff Good Until	Amount Due Tax Bill Number
			\$
			\$
			\$

Utility Billing Section Completed By : _____ Date : _____

Sanitation Account #	Comments	Payoff Good Until	Amount Due Tax Bill Number
			\$
			\$
			\$

Total Due To the Town of Apple Valley : \$

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