

Duchesne County Trailer Removal Application

Name of applicant _____ Phone # _____

Mailing Address _____

Location of trailer _____
(Physical address)

Section _____ Township _____ Range _____ U.S.B.&M.

Detailed description of trailer

Signature of applicant _____ Date: _____

Please provide the following for a complete application:

___ Name and Phone Number of Contractor, if applicable

___ Signed Waiver Form

___ Site location map

___ Photo(s) of trailer

___ Completed Utah State Tax Commission Moving Permit form

___ W-9 Request for Taxpayer Identification Number