

City of Pomona

PO Box 67, Pomona KS 66076
Phone: 785-566-3522

cityhall@pomonaks.org
Fax: 785-566-3851

UTILITY SIGN ON FOR COMMERCIAL

I, _____, hereby request the following utility service work order:

Today's Date: _____

Date* to connect utilities: _____

*If after 3:30pm, this may be the following business day

Business Name: _____

Owner Name: _____

Service Address: _____

Mailing Address: _____

(If different than Service Address) _____

Utilities Requested:

[] Electric

[] Water/Sewer

[] Trash: [] With Cart (Billed at \$13.16 per mo.) [] Trash With 2 Carts (Billed at \$26.32 per month)
[] Without Cart (Billed at \$11.31 per mo.) [] Trash With 3 Carts (Billed at \$39.48 per mo.)

[] MV Light*
*Mercury Vapor Light also known as "Dusk to Dawn" light

Please Read and Check the Following:

[] I understand that the City of Pomona is zoned and permits are required for most projects.

[] I have been provided information regarding rates, disconnection of services, and general information regarding utility billing from the City of Pomona.

*Please note that this information can be requested from City Hall should you lose it.

Signature _____

Signature _____

Office Use Only
Utility Deposit: \$250.00
Required: [] Yes [] No
Paid: ___ CC ___ Cash ___ Check # ___
[] Letters of Credit Provided From (Utility Providers Only): _____
[] Copy of W9
[] Copy of DL
[] _____

City of Pomona
PO Box 67, Pomona KS 66076
785-566-3522

Application for Pomona City Utilities

I/we, _____, owner(s) of _____
_____ hereby on this date _____ make application for city
utility service at _____. I/we hereby agree(s) to comply
with the rules and regulations of the utility company and to pay for all utilities delivered at the company
prescribed and approved rates which have been supplied to me/us. Any utilities here after delivered at any other
location shall be subject to all conditions of this agreement.

Owner(s) Information*

**All of the following is required*

Employed by: _____ Years: _____

Employment Address: _____

Emergency Contact Name, Phone Number, and Address: _____

Owner(s) Social Security Number(s): _____

Owner(s) Driver's License Number(s): _____

Owner(s) Telephone Number(s): _____

“The following information is requested by the Federal Government in order to monitor compliance with Federal law prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/ethnicity of individual applicants on the basis of visual observation or surname.”

___ I do not wish to furnish this information

Ethnicity:

- ___ Hispanic or Latino
- ___ Not Hispanic or Latino

Sex:

- ___ Male
- ___ Female

Race: (Mark all that apply)

- ___ White
- ___ Black or African American
- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian or Other Pacific Islander

Office Use Only

Field Staff Notes: _____

Business Information*

**All of the following is required, if applicable*

Business Name: _____ Federal ID Number: _____

Tax Exempt Status: _____ Tax Exempt Number: _____

Corporation Name: _____ Representative's Name: _____

Corporation Mailing Information: _____

Corporation's Representative's Direct Number*: _____

**The City of Pomona may need to contact the corporation with information regarding the property or the utility service, if we cannot reach a representative in a timely manner, we will not be held responsible for any potential problems or damages. It is the corporation's responsibility to update the City of Pomona with any change in representative's information, phone number, or contact information.*

This institution is an Equal Opportunity Provider.



Office Use Only

Field Staff Notes: _____

