

City of Pomona

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

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

UTILITY SIGN FOR RESIDENCE

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

Name: 1) \_\_\_\_\_

2) \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different than Service Address) \_\_\_\_\_

Office Use Only
Utility Deposit: \$250.00 ACCT:
Required: [ ] Yes [ ] No
Paid: \_\_\_ CC \_\_\_ Cash \_\_\_ Check
[ ] JUS [ ] Trash Report [ ] Dep. book
[ ] Letters of Credit Provided From (Utility Providers Only): \_\_\_\_\_
[ ] Copy of DL

Utilities Requested:

[ ] Electric

[ ] Water/Sewer

- [ ] Trash: [ ] With Cart (Billed at \$13.16 per month) [ ] Cart 65+ (Billed at \$12.16 per mo.)
[ ] Without Cart (Billed at \$11.31 per month) [ ] W/o Cart 65+ (Billed at \$10.31 per mo.)
[ ] Trash With 2 Carts (Billed at \$26.32 per month)
[ ] Trash With 3 Carts (Billed at \$39.48 per month)

[ ] 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 understand that dogs must be registered with the City of Pomona and I have 30 days from moving in to register my dog.
\*Please note that there is a leash law in the city limits.
[ ] 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 \_\_\_\_\_

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

**Application for Pomona City Utilities**

I/we, \_\_\_\_\_, 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.

**Applicant Information\***

*\*All of the following is required for each person on the account*

Employed by: \_\_\_\_\_ Years: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Emergency Contact Name, Phone Number, and Address: \_\_\_\_\_

Applicant(s) Social Security Number(s): \_\_\_\_\_

Applicant(s) Driver's License Number(s): \_\_\_\_\_

Applicant(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.”*

Sex:     \_\_\_\_\_ Male                                     \_\_\_ I do not wish to furnish this information  
          \_\_\_\_\_ Female

Ethnicity:  
\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

