

City of Pomona

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

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

Change of Information Form

I, _____, hereby on this date _____
make application for city utility service at _____. I hereby
agree 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. Any utilities here after delivered at
any other location shall be subject to all conditions of this agreement.

New Account Holder Information*

Account #: _____

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

Name: _____

Service Address: _____

New Information Only

Employed by: _____

Years: _____

Employment Address: _____

Emergency Contact Name, Phone Number, and Address: _____

Social Security Number(s): _____

Driver's License Number(s): _____

Telephone Number(s): _____

Email Address: _____

Signature of account holder

Office Use Only

Copy of New Applicant's DL

Field Staff Notes: _____



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“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

Race: (Mark all that apply)

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

Sex:

- Male
- Female

Office Use Only

- Copy of New Applicant’s DL
- Field Staff Notes: _____

