

City of Pomona

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

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

UTILITY SIGN ON FOR TENANTS

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)

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, owners only

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 (per Ordinance No. 616).
[] 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.
[] I understand that UTVs/golf carts must be registered with the City of Pomona if driven in the city limits.
* Please note that this information can be requested from City Hall (per Ordinance No. 620)

Office Use Only
Temp Service: \$200.00 (non-refundable)
Utility Deposit: \$250.00 ACCT: _____
Required: [] Yes [] No
Paid: ___ CC ___ Cash ___ Check
[] JUS [] Trash Report [] Dep. book
[] Letters of Credit (Utility Providers Only):

[] Copy of DL
[] Copy of Lease agreement

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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

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: _____

Employment Address: _____

Emergency Contact Name, Phone Number, and Address: _____

Office Use Only

Copy of Lease Agreement
 Landlord's Acknowledgment
 Field Staff Notes: _____

This institution is an Equal Opportunity Provider.



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

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

Applicant(s) Telephone Number(s): _____

Email Address: _____

Signature _____

Signature _____

Landlord Information

Name of landlord: _____ Phone Number: _____

Address of landlord: _____

I, _____, the landlord of the applicant, understand pursuant to the City of Pomona's Ordinance 542, Section 7. Landlord Liability that "owners and occupants of leased premises served by the utilities furnished by the City are jointly liable for payment of the cost of any utilities furnished by the City to such premises..." A full copy of Ordinance 542 is available at Pomona City Hall.

Landlord's signature acknowledging Landlord Liability

Office Use Only

Copy of Lease Agreement

Landlord's Acknowledgment

Field Staff Notes: _____

