

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

[ ] MV Light\*

\*Mercury Vapor Light also known as "Dusk to Dawn" light

Trash Services\*

\*Contact a trash company for commercial rates

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 ACCT: \_\_\_\_\_
Required: [ ] Yes [ ] No
Paid: \_\_\_ CC \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_
[ ] Letters of Credit Provided From (Utility Providers Only): \_\_\_\_\_
[ ] Copy of W9
[ ] Copy of DL
[ ] \_\_\_\_\_

1 of 3  
**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City of Pomona**  
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**Application for Pomona City Utilities**

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Field Staff Notes: \_\_\_\_\_  
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\_\_\_\_\_