City of Pomeroy P.O. Box 220 Pomeroy, IA 50575 712-468-2411

Application For Utility Services
(Provide driver's license or picture ID to the City for proof of identity)

(110VIG	c driver's needisc of picture 1D	to the City for proof of identity)
Service Request Date		City Account #
ResidentialCon	nmercial	Renter Homeowner
Hook-Up Fee Amount \$1	00.00	Date Paid
Name of Applicant		
Social Security #	Driv	er's License#
Date of Birth:	Phone	#
Co-Applicant		
Social Security #	Driv	er's License#
Date of Birth:	Phone	#
Address For Service		
Business Name & Fed. ID)#	
Billing Address (if different	t from above)	
If renting: Landlord	l's Name:	
undersigned agrees to pay the u	atility services supplied. The ut e said city, in writing or in pers	omeroy for water, sewer and solid waste services. The ility billing is due by the 20 th of every month. The son of termination of service. The notice will include a
the case of disconnection for no including the date of disconnection	on-payment, I/we understand the tion service change plus a \$100 a new location in the city. I/we	stand that the utility service may be discontinued. In not full payment of any outstanding balance up to and 0 hook up fee will be required in order to have utilities understand that in the event that I/we are renting, our of my/our account.
Date	Signature	