



# Applications & Utility Service Forms

**Building Permit Application Form**

**Utility Service Application (Required)**

**Account Withdrawal Authorization Form (Optional and Encouraged)**

**E-Mail Statement Form (Optional and Encouraged)**

**Customer Request form Read-Out / Disconnection of Service**

**Hotel / Motel Tax Funding Request Form**

**Residential Rebate Form**

All rebate forms must be accompanied with a receipt and proof of Energy Star rating. Forms will be checked by a City Representative.

City of Bloomfield  
111 W Franklin St  
Bloomfield, IA 52537  
641-664-2260

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## Building Permit Application

\_\_\_\_\_ **Date**

**\*Address of Proposed Construction:** \_\_\_\_\_

**\*Applicant's Name:** \_\_\_\_\_

**\*Applicant's Address:** \_\_\_\_\_

**\*Applicant's Phone Number:** \_\_\_\_\_

**\*Applicant's Email Address:** \_\_\_\_\_

**\*Type of Structure** (Circle all that apply): House Story Basement Garage

Storage Shed Utility Building Other: \_\_\_\_\_

**\*Type of Construction** (Circle all that apply): Wood Frame Brick Veneer

Solid Brick Stone Veneer Concrete Block Stucco Other: \_\_\_\_\_

**Type of Housing** (Circle one): Mobile Home Manufactured Home Modular Home

Site-Built Home

**\*Feet From Property Line to** (Must meet minimum requirements):

Front \_\_\_\_\_ Back \_\_\_\_\_

Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

**\*Square Footage of Structure:** \_\_\_\_\_

**\*Height of Structure:** \_\_\_\_\_

**\*Estimated Cost:** \_\_\_\_\_

**City Zone Location:** \_\_\_\_\_

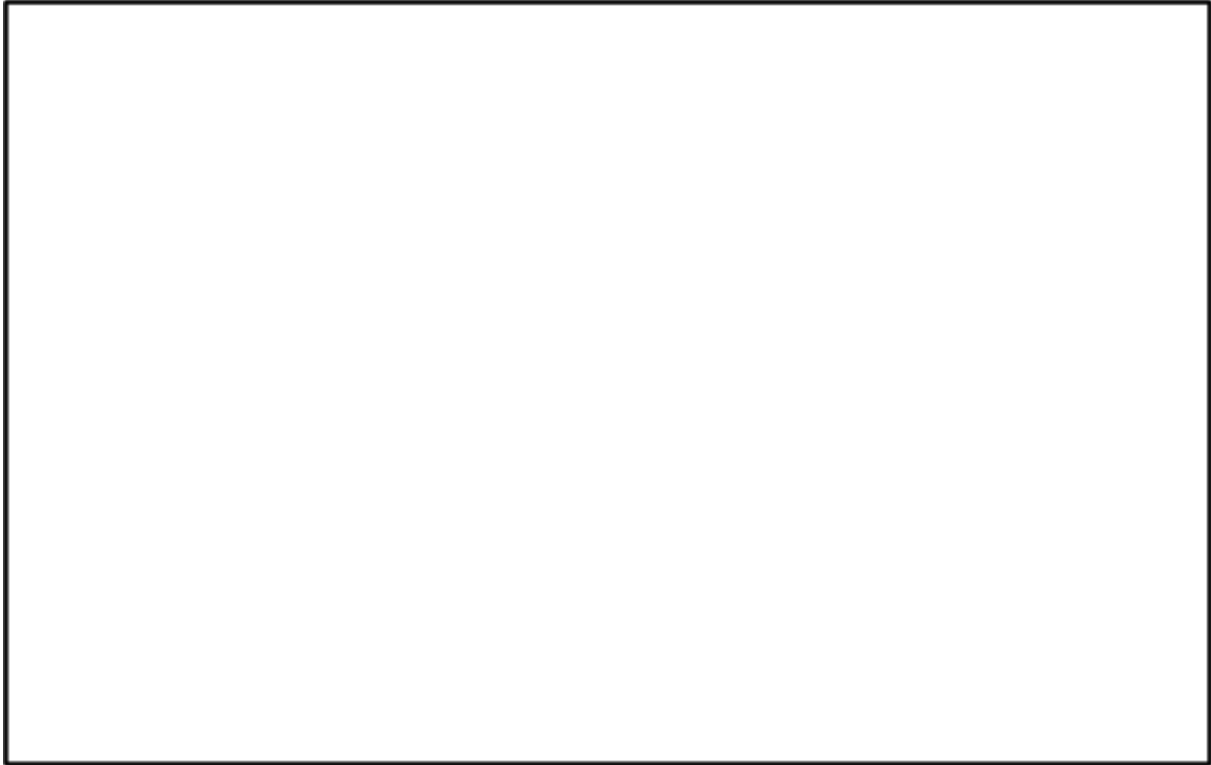
**\*\*Note: Person making application should be familiar with the City's zoning ordinances\*\***

Permit expires 90 days from date of approval.  
Project must be completed within two years.  
Permit must be posted on site and visible from street.

**\*Proposed Use of Building:** \_\_\_\_\_

**Plat of Lot and Description**

Give exact measurements of lot, and size, and location of proposed building below.  
Show sizes and locations of other buildings as well as streets and alleys.



Affidavit: I certify that the above information is true and a correct description of the lot and proposed construction.

**\*Signature of Owner:** \_\_\_\_\_

**\*Signature of Architect/Contractor:** \_\_\_\_\_

**City Use Only:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Service Address:		Account #:	
Connection Fee Required:		Date Service to Begin:	
Billing Address:			
Applicant Name:		Co-Applicant Name:	
Contact #'s:		Contact #'s:	
E-mail:		E-mail:	
Social Security #:		Social Security #:	
Employer Identification # (EIN) (If Applicable)		Employer Identification # (EIN) (If Applicable)	
Driver's License/Gov't ID:		Driver's License/Gov't ID:	
Date of Birth:		Date of Birth:	
Current Employer:		Current Employer:	
Name, SSN, ID's & Signature of ALL Adults (18 years or older) Living at this residence:			
IF RENTAL PROPERTY Owner/Landlord Name & #:			

I hereby apply for utility service, for the premises listed above, pursuant to the rules and regulations of the City of Bloomfield. I agree to pay all bills rendered by the City of Bloomfield until I give written notice to the City of Bloomfield to discontinue said utility service. The above referenced connection fee is intended for service connection of utilities.

By signing below I acknowledge that I have read the Customer Rights & Responsibilities along with the Utility fees on the reverse side of this document.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Information obtained in this document will be kept confidential and is not considered public record.**

## INFORMATION REGARDING FEES, DISCONNECTION AND COLLECTION PROCESSES

### FEES:

Utility rates are available on the City's website [www.cityofbloomfield.org](http://www.cityofbloomfield.org)

*The following fees are subject to change:*

<b>Returned for NSF:</b>	\$30.00 + tax
<b>Notify customer of return:</b>	Current Postage Fee + Certified Fees
<i>If two or more checks, bank pays or debit/credit transactions are dishonored within a six month period, the utility shall require future payments to be by cash, cashier's check, money order.</i>	
<b>Late Payment Penalty:</b>	1 ½% all services
<b>Red Tag Fee</b> (for delivery of disconnect posting notices):	\$50.00
<b>Charge to reconnect service(s) following disconnection due to nonpayment:</b>	Before 3pm: \$50.00 After 3pm: \$120.00

*Upon termination of services you will have 30 days to pay final bill.  
If payment is not received in full upon the end of the 30 days you will receive  
notification that within 10 days your account will be turned over to:  
The State of Iowa's Offset Program*

ACKNOWLEDGEMENT TO UNDERSTANDING OF DOCUMENT	
Customer Signature:	Date:
Utility Representative:	Date:

## NEW MOVE IN CHECKLIST

<b>Service Address:</b>							<b>Account #:</b>					
<b>Connection Fee:</b>	Ordinance 602 Chapter 85 85.01 Non-Refundable Utility Connection Fee. There shall be required from every customer of the City of Bloomfield water, gas or electric utilities a one hundred (\$100.00) non-refundable connection fee. Said \$100.00 connection fee shall be collected before any connections to the City of Bloomfield water, gas or electric utilities, provided that such \$100.00 connection fee shall be applicable to the connection of one or more of the City's water, gas or electric utilities and such non-refundable connection fee shall be in lieu of any deposits for water, gas or electric service.											
<b>2 forms of ID</b>	YES		NO		<b>Property Owner</b>	YES		<b>Renting Property</b>	YES		N/A	
<b>NOTES:</b>												
<b>Garbage Cart: YES / NO</b>						<b>Recycle Tote: YES / NO</b>						
Keep informed by checking the note on your statement that tells you of our office closings and when the garbage / recycling is delayed for holidays.												
<b>BILL DUE DATE</b>												
BILLS ARE DUE ON THE 10 <sup>TH</sup>				Utility bills are mailed out monthly, on the 18 <sup>th</sup> of every month. Payment is due by the 10 <sup>th</sup> of each month unless the 10 <sup>th</sup> falls on a weekend, in which case, payment is due the next business day by 9AM. WE ARE NOT RESPONSIBLE FOR THE U.S. MAIL DELIVERY. FAILURE TO RECEIVE BILL DOES NOT EXCUSE PAYMENT. We do offer online bill payments online at <a href="http://www.cityofbloomfield.org">www.cityofbloomfield.org</a>								
<b>Have you previously been a utility customer of the City of Bloomfield?</b>						YES		NO				
<b>If so, please provide address:</b>												

**CUSTOMER RIGHTS & RESPONSIBILITIES TO AVOID SHUTOFF OF UTILITY SERVICE FOR NONPAYMENT**

1. **What can I do if I receive a notice from the utility that my service will be shut off because I have a past due bill?**
  - a. Pay the bill in full; or
  - b. Enter in to a reasonable payment plan with the City of Bloomfield; or
  - c. Apply for and become eligible for low-income energy assistance by contacting Sieda at 641-664-1911; or
  - d. Give the utility a written statement from a doctor or health care official stating that shutting off electric or gas service would pose an especial health danger for a person living at the residence; or
  - e. Tell the utility if you think that part of the amount shown on the bill is wrong. However, you must still pay the part of the bill that you agree you owe.
2. **When can the utility shut off my utility service because I have not paid my bill?**
  - a. The utility can shut off service between the hours of 7am and 2pm, Monday through Friday.
  - b. The utility will not shut off your service on nights, weekends, or holidays for nonpayment of a bill.
  - c. The utility will not shut off your service if you enter into a reasonable payment plan to pay the overdue amount.
  - d. The utility will not shut off your service if the temperature is forecasted to be 20 degrees Fahrenheit or colder during the following 24 hour period, including the day your service is scheduled to be shut off.
  - e. If you have qualified for low-income energy assistance, the utility cannot shut off your electric or gas service from November 1 through April 1. However, you will still owe the utility for the service used during this time. You will also be responsible to pay for all other utilities that are provided.
  - f. The utility will not shut off your service if you have notified the utility that you dispute a portion of your bill and you pay the part of the bill you agree is correct.



111 West Franklin Street  
Bloomfield, Iowa 52537  
Phone: (641)664-2260  
Fax: (641)664-2445

August 9, 2019

Subject: Periodic Notification to All City of Bloomfield Gas Customers

The purpose of this notification is to remind gas customers of the US Department of Transportation's Pipeline Safety Regulations concerning customer owned gas piping (#192.16) which was initiated November 12, 1998.

The City of Bloomfield will install gas service lines with a regulator & meter to each customer who requests service. Customers will be charged the installation fees that are in effect at the time of the request. This remains the property of the City of Bloomfield and our responsibility to locate & maintain.

All piping above ground or below ground (AFTER THE METER EXIT PORT) is the property of the individual gas customer. It is their responsibility to periodically inspect this piping for corrosion and make necessary repairs to any piping from the meter to the end use of the gas system. If you have underground piping, it is also your responsibility to locate such piping before any excavation or digging is done in the area of the piping. This locating should be done by hand shovel.

This is not a new policy, but merely a reminder of who owns what in each individual gas service system. Please regularly inspect: your customer owned piping and keep it in the best possible condition for everyone's safety.

Feel free to contact me at 641-664-9652 (Direct line to the Gas Dept) if you have any questions.

Sincerely,

Todd Schumaker  
Lead Natural Gas Technician  
Signature only required for new utility sign up.  
I received this letter when signing up for Utilities

Signature \_\_\_\_\_ Date \_\_\_\_\_

TO: City of Bloomfield Natural Gas Customers

RE: Underground Gas Pipe Maintenance  
Call Before You Dig

As your natural gas distributor, the City of Bloomfield Municipal Gas Utilities, in accordance with federal regulations, wishes to make you aware of certain safety recommendations regarding your underground natural gas piping.

The City of Bloomfield Municipal Gas Utilities operates our gas system with an emphasis on safety. We are required to design, operate and maintain our underground natural gas pipeline in accordance with prescribed federal safety standards. The gas system does not maintain the gas piping that is customer owned, after our meter and regulator. These lines feeding a structure or a gas burning appliance are the responsibility of the customer who owns that piping. If the buried pipe is not properly maintained, it may be subject to corrosion (if the piping is metallic) and/or leakage.

To ensure the continued safe and reliable operation of these lines, the buried piping should be checked periodically. You (or the building owner) are advised to contract a licensed plumber or heating contractor to assist you in locating and inspecting your buried gas piping. If any unsafe condition is discovered, repairs should be made ASAP.

If we can answer any questions regarding this notice, please give us a call at 641-664-9652. Please disregard this notice if you do not have or no longer have buried piping beyond the gas meter.

### CALL BEFORE YOU DIG

Should you plan to dig around buried gas piping, the piping should be located in advance and all digging should be carefully done by hand in the vicinity of the pipe. Iowa law requires that you call Iowa One Call 811 or at 1-800-292-8989 forty eight (48) hours before any excavation or digging work is scheduled to begin. This free service will notify all utility companies so that any buried lines can be located. The City of Bloomfield Does Not locate "Private Utilities" for example : ( Water service , Sewer service & Underground Electric service ) .



Know what's below.  
Call before you dig.

Sincerely,  
Todd Schumaker- Lead Gas Technician



City of Bloomfield Municipal Gas Utilities



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## ACCOUNT WITHDRAWAL AUTHORIZATION

The City of Bloomfield offers a convenient way to pay your monthly utility bill. With the automatic withdrawal option your utility bill is automatically deducted from your checking account each month.

By completing this form, you are authorizing the City of Bloomfield to withdraw your monthly utility bill on the 10<sup>th</sup> of each month (unless the 10<sup>th</sup> is on a weekend or holiday then it will be the next business day). When you return this form, please attach a voided check to keep with the City's records.

### City of Bloomfield's Account Information:

Your account number \_\_\_\_\_

Name on account \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Utility Service \_\_\_\_\_

### Bank Information:

Bank: \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization will remain in effect until we have received written notification that you wish to terminate this service. We must receive this completed notification no later than 5 working days prior to the 10<sup>th</sup> of the month.

\*\* A \$30.00 service charge will be added to your account for all returned transactions \*\*

## E-MAIL STATEMENT AUTHORIZATION

Save paper and the environment. With the City of Bloomfield's monthly Utility Billing Statement delivery via e-mail you can make a small difference! Going green has never been simpler.

All you need to do is complete this form and return it to Sabrina at the City of Bloomfield's office or e-mail it to her at [kyle.mcclure@cityofbloomfield.org](mailto:kyle.mcclure@cityofbloomfield.org)

### Account Information:

Your City account number(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Print E-mail Address \_\_\_\_\_

This authorization will remain in effect until we have received written notification that you wish to terminate this service. We must receive this completed notification no later than 7 working days prior to the 15<sup>th</sup> of the month.

## Hotel/Motel Tax Funding Request

Organization Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please describe how these funds will be used if they're awarded: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of the Organization's current budget and proposed budget for next year, including revenue and expense estimates.

Does your organization utilize the services of a professional fundraiser: \_\_\_\_ Yes \_\_\_\_ No

If Yes: Fundraiser Name: \_\_\_\_\_

Fundraiser Address: \_\_\_\_\_

Please list the source and amount of funds available for the project. Do *not* include Hotel/Motel Funds.

\_\_\_\_\_

Person Completing this form: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Include any additional information or documentation for your request that you feel would be helpful.  
Please submit the completed report to: City of Bloomfield – 111 W Franklin St – Bloomfield IA 52537**

*This box for Office Use Only*

Date Request Received in Office \_\_\_\_\_

Date Considered by Council \_\_\_\_\_

Amount Awarded \_\_\_\_\_

Applicant Notified \_\_\_\_\_



111 West Franklin Street  
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## CUSTOMER REQUEST FOR READ-OUT/DISCONNECTION OF SERVICE

I, \_\_\_\_\_, request that the utilities at  
(customer name)

\_\_\_\_\_ be read out / disconnected  
(address) (circle one)

on \_\_\_\_\_  
(date)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Forwarding address for final bill: \_\_\_\_\_  
\_\_\_\_\_

## REBATE FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Installed Address: \_\_\_\_\_

Appliance Type ~ Select appliance type and complete additional information  
**ALL rebates must be accompanied with a receipt & checked by a City Representative**

**\*\*ALL rebate applications must be accompanied with proof of Energy Star rating\*\***

\_\_\_\_\_ Water Heater Blanket, \$10.00

\_\_\_\_\_ Residential Air Conditioner, \$100.00 (At least 14.5 SEERS rating)

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Heating System, \$100.00 (Must have an AFUE of 90% or higher)

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Refrigerator, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Freezer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Clothes Washer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Clothes Dryer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Dishwasher, \$50.00  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

\_\_\_\_\_ Commercial Heating System, \$100.00 (Must have an AFUE of 90% or higher)  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

\_\_\_\_\_ Commercial Air Conditioner, \$100.00 (At least 14.5 SEERS rating)  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

**Please attach sales receipt or a copy of the receipt for the City Representative to check**

I certify that the information supplied in this application is correct and that incentives will not be paid until I have complied with all program requirements.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A City representative will review and inspect all applications.**

**If you have any questions, please contact the City of Bloomfield, at 641-664-2260, between the hours of 7:00 a.m. and 4:00 p.m.**

**A check will be mailed to the applicant upon approval.**

\_\_\_\_\_  
**Approved** \_\_\_\_\_  
**Amount**

\_\_\_\_\_  
**Date** \_\_\_\_\_ \_\_\_\_\_  
**Check No.** \_\_\_\_\_  
**Check Date**