

CITY OF POMONA

UTILITY EXTENSION REQUEST

**MUST REQUEST UTILITY HEARING EXTENSION
ON OR BEFORE THE 15TH DAY OF THE MONTH
OR NEAREST BUSINESS DAY
PRIOR TO THE 15TH DAY OF THE MONTH**

**NO UTILITY HEARING EXTENSIONS GRANTED
AFTER THE 24TH DAY OF THE MONTH AT 11:00 A.M.**

Today's Date: _____

Name of Customer: _____

Address: _____

Phone Number: _____

Utility Account Number: _____

Comments: _____

Approved: YES NO

Utility Hearing Officer: _____

Date of Approval: _____

Comments: _____
