

819 1st Avenue South I Fort Dodge, Iowa 50501 Phone (515) 573-7156 I Fax (515) 573-7158 www.fortdodgeiowa.org

Fort Dodge Water Department

SNOWBIRD BILLING REQUEST FORM

PLEASE TYPE ALL INFORMATION. HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

Account Number	Service Address
First Name	Last Name
Home Phone	Cell Phone
Email Address	
Departure Date Anti	icipated Return Date
TEMPORARY ADDRESS (WHERE ARE YOU GOING?)	
Street Address	
City	State Zip
EMERGENCY CONTACT (SOMEONE IN THE IMMEDIATE AREA WITH ACCESS TO THE HOME DURING ABSENCE)	
First Name Last	Name
Phone Number Email Address	
I will be leaving for a minimum of 90 days. I understand that within 3 days of my return, I must contact City of Fort Dodge Utility Billing in order to resume billing. Upon my return, I understand my first bill will contain an adjustment for	
storm sewer services for every month I was gone.	
I am aware that the City does not shut off the water in the street or in the home as a result of my request. I understand it is recommended to shut the water off inside at the valve. The City of Fort Dodge will not be responsible for any damage resulting from frozen or broken pipes.	
Signature of Accountholder	