



819 1st Avenue South | Fort Dodge, Iowa 50501
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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 _____ Anticipated 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 after my return, I must come in to sign this form at the Fort Dodge Water Department in order to resume billing. **If I fail to sign this form upon my return or if I am not gone for at least 90 days, I will be back billed for all months that I was gone.** I also agree that when I return, there will be an adjustment on my first bill for storm sewer, community water initiative and community sewer initiative charges for every month that I was gone.

I am aware that the water department does not shut the water off in the street or in the home, but it is recommended to shut the water off inside at the valve. I also understand that the water department will not be responsible for any damage resulting from frozen or broken pipes.

Signature of Accountholder

Date