

Village of Johnstown Water Department
Termination or Change of Service Request

Termination Request

Date: _____

Name: _____ *Account#* _____

Current Address: _____ *Phone#* _____

Final Reading Date: _____ *Final Reading#* _____

Forwarding Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Phone# _____

Change of Address

Date: _____

Name: _____ *Account#* _____

Current Address: _____ *Final Reading#* _____

Effective Date of Change: _____ *New Address:* _____

Phone# _____

Notes: _____

Completed By: _____ *Date:* _____

******Please note that final bill amount will be deducted from your deposit******