

APPLICATION FOR JOHNSTOWN WATER SERVICE

(In compliance with Ordinance 921.02 and 921.08a)

DATE: _____ **SOCIAL SECURITY** _____ - _____ - _____

DATE OF BIRTH: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF OTHER THAN SERVICE ADDRESS):

PLACE OF EMPLOYMENT: _____

HOME TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

PROPERTY OWNER'S NAME & PHONE: _____

EFFECTIVE DATE: _____ **(ANY PREVIOUS CHARGES FROM OTHER PROPERTIES IN THE VILLAGE MUST BE PAID WITHIN 10 DAYS OR SERVICE MAY BE DISCONNECTED UNTIL PAID).**

DEPOSIT REQUIRED: \$150.00 DATE PAID: _____

APPLICANT'S SIGNATURE: _____

ACCOUNT NUMBER: _____ **(OFFICE USE ONLY)**

MAKE CHECKS PAYABLE TO:

THE VILLAGE OF JOHNSTOWN