

JOHNSTOWN WATER ACCOUNT TERMINATION **EFFECTIVE DATE** _____

NAME: _____ **ACCOUNT#** _____

TODAY'S DATE: _____ **PHONE #** _____

SERVICE ADDRESS: _____ **OWN** _____ **RENT** _____

FORWARDING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ADDITIONAL NOTES: _____

FINAL METER READING: _____

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JOHNSTOWN WATER/SEWER SERVICE APPLICATION

(In Compliance with Ordinance 921.02 and 921.08a) **EFFECTIVE DATE:** _____

NAME: _____ **E-MAIL ADDRESS** _____

TODAY'S DATE: _____ **DATE DEPOSIT PAID (\$150)** _____

SERVICE ADDRESS: _____ **OWN** _____ **RENT** _____

MAILING ADDRESS: _____
(if different than service address)

HOME PHONE # _____ **CELL PHONE #** _____

PLACE OF EMPLOYMENT: _____ **WORK #** _____

PROPERTY OWNER NAME: _____ **PHONE #:** _____

APPLICANT'S SIGNATURE _____

ADDITIONAL COMMENTS: _____

FOR ADMINISTRATIVE USE ONLY:

NEW ACCOUNT # _____ **CHECK #/CONFIRM #/CASH** _____
DATE POSTED ON SPREADSHEET _____ **DATE DEP. POSTED IN SSI** _____
DATE MONEY DEPOSITED _____ **DEPOSIT #** _____