

***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\*\*\****