

**GREATER JOHNSTOWN
WATER AUTHORITY**

PO Box 1407
640 Franklin Street
Johnstown, PA 15907
(814) 533-4300 Fax (814) 536-0770

(Office Use) ACCOUNT NO. _____

SERVICE TURN-ON RELEASE FORM

RDM-Johnstown/GJWA company policy requires that the party responsible for any property being turned on at the curb stop be present at the time of the turn on. While I understand this policy, I am not able to be present at the time of the turn on and give permission to RDM-Johnstown/GJWA to turn the service on in my absence. In so doing, I agree to take full responsibility for any damage or leaks that may occur at the property in my absence and release RDM-Johnstown/GJWA from any liability or responsibility.

Account No. _____

Service Address _____

Responsible Party: _____

PLEASE PRINT

Signature: _____ DATE: _____