

**GREATER JOHNSTOWN
WATER AUTHORITY**

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

(Office Use)

ACCOUNT NO. _____

APPLICATION FOR NEW SERVICE

NAME (CUSTOMER):

DATE OF APPLICATION: _____

First Middle Initial Last

SERVICE START DATE: _____

Service Address _____

OWN: _____

Apt _____

Property to be used as Rental: _____

City, State, Zip _____

If yes, # of Units: _____

Email: _____

\$75.00 Deposit on Account Required

Phone: _____

NUMBER OF RESIDENTS AT ADDRESS _____

Type of Phone: _____

ESTIMATED GPM (OFFICE USE) _____

DRIVERS LICENSE # _____

SOCIAL SECURITY/EIN # _____

BILL TO INFORMATION:

Attention _____

Address _____

Apt _____

City, State, Zip _____

Phone: _____

Type of Phone: _____

Fax: _____

Email: _____

PROPERTY OWNER INFORMATION:

Attention _____

Address _____

Apt _____

City, State, Zip _____

Phone: _____

Type of Phone: _____

Fax: _____

Email: _____

Usage of the Authority's water services subjects the applicant to the Authority's Rules and Regulations and current rate fees.

Applicant's Signature

Date

GJWA Representative's Signature