

**APPLICATION FOR JOHNSTOWN WATER SERVICE
(In compliance with Ordinance 921.02 and 921.08a)**

DATE: _____ **SOCIAL SECURITY#:** _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF OTHER THAN SERVICE ADDRESS):

PLACE OF EMPLOYMENT: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

PROPERTY OWNER'S NAME AND PHONE: _____

EFFECTIVE DATE: _____ **(ANY PREVIOUS FINAL CHARGES 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