

**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 \$75.00 Deposit on Account Required
Property to be used as Rental Yes # of Units ___ No

Apt _____

City, State, Zip _____

Email: _____

NUMBER OF RESIDENTS AT ADDRESS _____

ESTIMATED GPM (OFFICE USE) _____

Check box to select Primary Contact (Emergency Notification)

Home: _____

Mobile: _____

Work: _____

DRIVERS LICENSE # _____

SOCIAL SECURITY/EIN # _____

BILL TO INFORMATION:
Attention _____
Address _____
Apt _____
City, State, Zip _____
Home: _____
Mobile: _____
Work: _____ Fax: _____
Email: _____

PROPERTY OWNER INFORMATION:
Attention _____
Address _____
Apt _____
City, State, Zip _____
Home: _____
Mobile: _____
Work: _____ Fax: _____
Email: _____

SIGN UP FOR AUTO PAY Yes No

ENROLL IN PORTAL/E-BILLING Yes No

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

(OFFICE USE)
SERVICES TO BE BILLED BY THE GREATER JOHNSTOWN WATER AUTHORITY ACCOUNT # _____ - _____ BOOK _____
 Sewage Treatment provided by Johnstown Regional Sewage (533-2016) and will receive separate treatment bill