GREATER JOHNSTOWN WATER AUTHORITY

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

(Office Use)
(Office ose)
ACCOUNT #
DEPOSIT #
CUSTOMER #

APPLICATION FOR NEW SERVICE

NAME (As shown on Deed):	DAT	DATE OF APPLICATION:	
First Middle Initial			
Service Address		0.00 Deposit on Account Required	
Apt		erty to be used as Rental Yes # of Units	
City, State, Zip	Com	mercial or Residential	
		IBER OF RESIDENTS AT ADDRESS	
Check box to select Primary Contact	· · · · ·		
Home:		E OF BIRTH:	
Mobile:	DRIV	VERS LICENSE #	
Preferred method of contact	t: Text or Voice SOCI	AL SECURITY #	
Email:	E IN	#	
BILL TO INFORMA		PROPERTY OWNER INFORMATION: ention	
Address	Ad	dress	
Apt		t	
City, State, Zip	Cit	y, State, Zip	
Home:		Home:	
Mobile:		Mobile:	
Email:		Email:	
months or upon discontinuance of service may not be required to make a new depos	or when he/she shall have paid undispue by the consumer and payment of all cl sit unless the service has been disconting	nted bills for service over a period of twelve (12) consecutive narges due. Any consumer having secured the return of a deposit nued or the consumer's credit standing becomes impaired through	
	•	obtain 12 consecutive months of on-time payments within a period sating for the recordkeeping of delinquent accounts.	
		Rules and Regulations and current rate fees.	
Applicant's Signature	Date	GJWA Representative's Signature	