

GREATER JOHNSTOWN WATER AUTHORITY
640 Franklin St.
P. O. Box 1407
Johnstown, PA 15907
(814) 533-4300 Fax: (814) 536-0770

REQUEST FOR ACCOUNT INFORMATION

Party making request:

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Account Information:

Customer Name(s): _____

Address: _____

Account number: _____

Information being requested: _____

Reason for Request: _____

- A fee of \$25 payable to the Greater Johnstown Water Authority must accompany this form.
- Only one account request per form.
- Please include a stamped, self-addressed envelope.

*A lien will be filed against the above referenced property unless the closing agent for the transaction agrees to pay all amounts shown from the proceeds of the sale by signing and faxing back this form within 2 business days. I agree to be responsible for payment of the above listed amounts out of the proceeds of the sale.

Signature: _____ Date: _____

Title: _____

Please return this form with any payments.