APPLICATION FOR WATER/SEWER SERVICE

Borough of Jamestown

P.O. BOX 188
406 Jackson St
Jamestown, Pa 16134
Phone: 724-932-5211 Fax: 724-932-3837
Email: Jamestown.Borough@JamestownPA.gov

Name_____ Date_____
Circle one: Occupier/Tenant or Property Owner

Jamestown Property Address: _____

List all Names on Lease: _____

Mailing Address: _____

City: _____ State:_____ Zip: _____

Telephone Number (Home)_____ (Cell) _____

If you do not own the property who does:

Name: _____
Address: _____
_____
Phone: _____

Beginning Date of Occupancy_____

The undersigned hereby makes application for Water/Sewer Service by meter measurement for the above premises. This application is made subject to the Rules, Rate and Regulations of the Jamestown Water Company, which are hereby referred to, agreed to and made part hereof.

Date Deposit Paid ($200.00)_____

Deposit Amount_____

Check No./Cash_____ Received By_____

Print Legal Name_____

Signature of Legal Name_____

Office hours: Monday through Friday 7:00 am to 3:00 pm - Closed Sat. and Sun.

Hours may vary from time to time