

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](mailto: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 (\$150.00) \_\_\_\_\_

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\*