

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@zoominternet.net

Name _____ Date _____

Location _____

If Renting – Name of Landlord _____

Beginning Date of Occupancy _____

Mailing Address of Tenant/Owner _____

Telephone Number (Home) _____ (Cell) _____

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, Tuesday, Thursday, and Friday 9:00 am to 3:00 pm
Closed Wednesday