

**GALLITZIN WATER AUTHORITY
411 CONVENT STREET
GALLITZIN, PA 16641
814-886-8871**

APPLICATION FOR NEW WATER CUSTOMER

DATE _____

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT THEN SERVICE)

CITY _____

ZIP _____

PHONE _____

ACCOUNT NUMBER _____

PLACE OF EMPLOYMENT _____

A Deposit for water service to all new customers is to be paid by the property owner. The deposit will be returned after one (1) year if the customer has kept the account current, with no delinquency, by written request from the new customer. Deposit is \$150.00 due at time of completing application.

DEPOSIT _____ DATE _____ TYPE OF FUNDS _____

APPROVED BY _____

DATE _____

NOTES _____
