



Town of Johnstown

PROPERTY OWNER UTILITY SERVICE AGREEMENT

Today's date: _____ Date of closing: _____

Property Owner Name: _____

Service Address: _____

Mailing Address: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License Number: _____ State: _____ Exp. _____

Will this property be owner occupied*? (Please circle one) Yes / No

Renter/Tenant's name (if applicable) _____

Do you want to receive the monthly newsletter electronically? (Please circle one) Yes/No

By signing on this form below, I acknowledge and allow the Town of Johnstown to contact me regarding any matters regarding my account by phone, email and/or automated service.

Signature of Owner

Date

*Properties that are not owner occupied will be charged a \$2.00 per month duplicate bill fee if the tenant is added to the account.

The Community That Cares

www.TownofJohnstown.com

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