SCOTTS VALLEY WATER DISTRICT
2 Civic Center Drive Scotts Valley, CA 95066
(831) 438-2363 FAX (831) 438-6235 www.svwd.org

Application – Start Service-Non-Owner

Please type your information into sections 1 and 2 and then return the form via email to: contact@svwd.org; in person to SVWD office or by fax to: 831-438-6235 at least **two business days** before you will need service.

1. Service Location

Service Address: _____

Date to Begin Service*:_____
*Lease or rental agreement date – service will be started on the closest business day.

2. Applicant Information

Name: _____ _____
Last First

Business Name (Optional):_____Contact Name: _____

Billing Address: _____
(If different from service address) Street

_____ _____
City State Zip Code

Home Phone: _____ Cell Phone:_____

Email:_____

Name and phone number of the owner: _____

The applicant agrees to comply with the Scotts Valley Water District's Rules and Regulations. A $25 new account fee will be charged to establish service.

Signature: _____ Date: _____
Signature not required if submitting by email, check below.

Electronic Filing: By checking here I certify that I am the above-named individual and agree to the above statement: _____

District Use Only

SO#: _____ Acct#: _____ Fire Service Needs to be Updated: Y / N

Scanned and Filed: _____ Emailed to City: _____