



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

District Use Only

SO#: _____

Account #: _____

Fire Service (Y/N): _____

Start / Update Service – Non-Owner

Return the completed form to the District office or email to contact@svwd.org.

New Service Update to Existing Account #: _____

1. Service Location

Street Address: _____ Date to Begin Service*: _____
* Must be date of signed lease.

Complete Section 2A OR 2B (Only one should be completed).

2A. Account Holder – Individual

Name: _____
Last First

2B. Account Holder - Business

Business: _____

Name: _____
Last First

3. Contact Information

Email: _____

Cell Phone: _____ Landline (if applicable): _____

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

City State Zip Code

4. Authorized Users (optional)

Name: _____
Last First Phone Relationship

Name: _____
Last First Phone Relationship

I agree to comply with the Scotts Valley Water District Administrative Code. A \$25 Start Service Fee will be applied on the first bill. This fee will be waived if I enroll in all three of the following services. (You will receive an email with instructions on how to enroll):

Paperless bill AutoPay WaterSmart (water use resource)

Signature: _____ Date: _____
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: _____