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

Start / Update Service - Owner

District Use Only
SO#: _____
Account #:_____
Fire Service (Y/N): _____

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

◯ New Service ◯ Update Existing Account #: _____

1. Service Location

Street Address: _____ Date to Begin Service*: _____

* Must be escrow closing date.

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 understand that I am the default Account Holder for this service address. When a non-owner submits a stop-service request, I assume the financial responsibility for this account from that date forward. 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 is waived if I enroll in all three of the following services. (You will receive an email with instructions on how to enroll):

☐ Paperless bills ☐ 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: ☐