



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 contact@svwd.org or in person.
Allow at least **two business days** for the service to be in your name.

New Service

Update to Existing Service

1. Service Location

Street Address: _____ Date to Begin Service*: _____

* Must be escrow closing date. Service will be started the closest business day (Monday – Friday).

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: _____ Other Phone: _____

Billing Address: _____
(If different from service address) Street
City State Zip Code

4. Other Authorized Users (optional)

Name: _____
Last First Relationship to Account Holder

Name: _____
Last First Relationship to Account Holder

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 opt to enroll in each of the following services (All three must be selected. You will receive an email with instructions on how to enroll):

Paperless-billing

AutoPay

WaterSmart

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: _____