



Scotts Valley Water District

2 Civic Center Drive Scotts Valley, CA 95066
(831) 438-2363

Stop Service Application

District Use Only
SO #
Acct #
Fire Service Y/N
Read:
Date:

Return to Scotts Valley Water District by email to contact@svwd.org, or in person.
Allow for at least **two business days** before you will need to stop service

Service Location:

Service Address: _____
Street

Date to Stop Service*: _____

*Date escrow closes or the day lease agreement ends.

Customer Information:

Name: _____ Email: _____

Business name (optional): _____

Forwarding Address: _____
Street

City State Zip Code

- Owner leaving Tenant Leaving

If you are a tenant leaving, provide the name and phone number of the property owner:

Property Owner: _____ Phone: _____

A meter read will be taken on the Service Stop Date. A closing bill will be sent to the forwarding address. If there is a balance or credit of \$2.00 or less, the District will take no collection action or process any refund.

By signing or checking below, I certify that the above is true and accurate to the best of my understanding. I understand that I am responsible for payment of the final bill and an unpaid balance on my account may be sent to a collection agency.

Signature: _____ Date: _____

If submitting by email, please check box below

- By checking this box and typing my name below, I am electronically signing my application.

First Name

Last Name