



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

Application – Stop Service

Please complete sections 1 and 2 below. Return the completed form to Scotts Valley Water District by email to contact@svwd.org, in person to our office or by fax to (831) 438-6235 at least **two business days** before you will need to stop service.

1. Service Location

Service Address: _____

Requested Service Stop Date*: _____ Acct#: _____

Service will be stopped on the closest business day (Monday – Friday).

2. Customer Information

Name: _____
Last First

Business Name (Optional): _____ Contact Name: _____

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 owner:

Name: _____ 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 also 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, 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#: _____

Read: _____ Date: _____