



**SCOTTS VALLEY WATER DISTRICT**

2 Civic Center Drive Scotts Valley, CA 95066  
(831) 438-2363 [www.svwd.org](http://www.svwd.org)

**District Use Only**

SO#: \_\_\_\_\_

Account #: \_\_\_\_\_

Fire Service (Y/N): \_\_\_\_\_

**Start / Update Service - Non-Owner**

Return the completed form to [contact@svwd.org](mailto:contact@svwd.org) or in person. Allow at least **two business days** for service to be started.

New Service

Update to Existing Service

**1. Service Location**

Street Address: \_\_\_\_\_ Date to Begin Service: \_\_\_\_\_

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

**2A. Account Holder – Individual**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_  
(If different from service address) Street  
City State Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**2B. Account Holder - Business**

Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_  
(If different from service address) Street  
City State Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**3. Other Users Authorized Account Access (Optional)**

Name: \_\_\_\_\_ Relationship to Account holder  
Last First

Name: \_\_\_\_\_ Relationship to Account holder  
Last First

The Account Holder agrees to comply with the Scotts Valley Water District's Administrative Code. A \$25 New Account fee will be charged to establish service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If submitting by email, check below.

By checking here I certify that I am the above-named individual and agree to the above statement.