



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

Application – Start Service - Non-Owner

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. Please allow at least **two business days** for the service to be started.

1. Service Location

Service Address: _____

Date to Begin Service*: _____

*Lease or rental agreement date – Service will be started on the closest business day (Monday – Friday).

2. Applicant Information

Name: _____
Last First

Business Name (Optional): _____ Contact Name: _____

Billing Address: _____
(If different from service address) Street

City State Zip Code

Cell Phone: _____ Landline Phone: _____

Email: _____

Name and phone number of the owner: _____

The applicant 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.

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#: _____ Fire Service: Y / N Acct # _____