



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 service to be started.

New Service

Update to Existing Service

1. Service Location

Street Address: _____ Date to Begin Service*: _____

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

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 Access (Optional)

Name: _____ Relationship to Account holder
Last First

Name: _____ Relationship to Account holder
Last First

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. 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.