



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 - Owner

Please complete sections 1 and 2 below. Return the completed form to Scotts Valley Water District by email to [contact@svwd.org](mailto: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\*: \_\_\_\_\_

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

### 2. Applicant Information

Owner 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 owner agrees to comply with the [Scotts Valley Water District's Administrative Code](#). A \$25 new account fee will be charged to establish service. By signing or checking below, I understand and agree, if I am the owner of a rental property and water service is placed in a tenant's name, responsibility for water service will automatically revert back to my name every time a tenant leaves and will remain in my name until the Scotts Valley Water District is notified otherwise.

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 # \_\_\_\_\_