Scotts Valley Water District

2 Civic Center Drive, Scotts Valley, CA 95066

Start Service – Owner Applicant

Please type your information into sections 1 and 2 and then return the form by fax to: 831-438-6235; email to: contact@svwd.org; or in person to the SVWD office at least two business days before you will need service.

1. Service Location

Service Address: _____

Date to Begin Service*:_____

*Escrow closing date - service will be started on the closest business day

2. Applicant Information (Owner or Owner's Agent)

Name: _____ _____
Last First

Business (Optional):_____Business Contact Name (Optional):_____

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

_____ _____ _____
City State Zip Code

Cell Phone:_____ Landline Phone:_____

Email:_____

Social Security Number:_____ Tax ID:_____

The owner agrees to comply with the Scotts Valley Water District's Rules and Regulations. A $25 new account fee will be charged to establish service. By signing or checking below, I understand and agree that 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: _____
Signature not required 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: _____

3. District Use

SO#:_____ Acct#:_____ Fire Service Needs to be Updated: Y / N

Scanned and Filed: _____ Emailed to City: _____