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 type your information into sections 1 and 2, and return the form via email by sending the form as an attachment and send to: contact@svwd.org. Forms can also be submitted in person at our office, or sent by fax to: 831-438-6235. Please submit form at least **two business days** before you will need to start 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 Name: _____ _____
Last First

Business Name (Optional):_____Contact Name:_____

Billing Address
(If different from service address) _____
Street

_____ _____ _____
City State Zip Code

Landline Phone:_____ Cell Phone: _____

Email: _____

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: ___

Save Clear Print

District Use

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

Scanned and Filed: _____ Emailed to City: _____