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

Application for Stop Service

Please type your information into sections 1 and 2, and return the form via email by clicking the green save button below and sending the form as an attachment 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 stop service.

1. Service Location

Service Address: _____

Date to Stop Service*:_____ Acct#:_____

* This is the date your meter will be read to generate a closing invoice. The date should be the escrow closing date or date yourleaseagreement ends.Your service will be stopped on the closest business day. In case of changes in the escrow date, please email or fax us updates with the original form attached.

2. Customer Information

Name: _____ _____
Last First

Business Name (Optional):_____Contact Name:_____

Forwarding Address: _____
Street

_____ _____ _____
City State Zip Code

Owner Leaving: Tenant Leaving:

If you are a tenant leaving, provide the name and phone number of the owner:

Name:_____ Phone #:_____

A meter read will be taken on the Date to Stop Service and a closing invoice will be generated and sent to your new address. The amount owed as set forth in the closing invoice is due and payable upon receipt. After the closing payment is received and applied to your account, if there is a balance or credit of $2.00 remaining on the account, the District will take no further collection action or process any refunds.

By signing or checking below, I certify that the above is true and accurate to the best of my understanding. I also understand that I am responsible for payment of the final bill and any unpaid balance on my account may be sent to a collection agency.

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#:_____

Transmitter#:_____ Read:_____ Date:_____