



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

### Application - Start Service - Owner

Please type your information into sections 1 and 2, and return the form by saving the form as an attachment and send via email 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: \_\_\_\_\_

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: \_\_\_\_

#### District Use

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

Scanned and Filed: \_\_\_\_\_ Emailed to City: \_\_\_\_\_