



6595 E 70TH AVE
COMMERCE CITY, CO 80022
Fax: 303-288-9531
Tel:303-288-2646
WWW.SACWSD.ORG

New Service

Add Name or Bill to Address Change

Shut Off Request

PLEASE PRINT OR TYPE

Service Address: _____

Name (1)

First

Last

Name (2)

Bill to Address:

City

State

Zip

--

Previous Address:

(REQUIRED - If You Lived in the District Before)

City

State

Zip

--

Water On

Effective Date:

____ -- ____ -- ____

M M

D D

Y Y

Owner

Renter

Water Off

Phone 1: _____ -- _____ -- _____

Phone 2: _____ -- _____ -- _____

Signature: _____

Date: _____

If you are not the owner, please list owner's name: _____

Owners Address: _____

City: _____

City:

State

Zip

--

Phone: _____ -- _____ -- _____

Phone:

Bring New Service Form to Office or Fax to (303) 288-9531

Scan New Service Form to billing@sacwsd.org

For Office Use Only

Account Number

Customer ID

Initials

M M

D D

Y Y

Additional Bill Customer ID: _____

Work Order # _____