

Return to: Shasta Community Services District (530) 241-6264  
11570 School St., Redding, CA 96001  
P.O. Box 2520  
Shasta, CA 96087  
Email: office@shastacsd.org

**WATER SERVICE CHANGE REQUEST**

Account No.: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Change Requested: \_\_\_\_\_ Relinquish Account \_\_\_\_\_ Close Account \_\_\_\_\_ Other Change

Change Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_

New Responsible Party Name & Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section to be filled out by S.C.S.D. office

Final Bill Amount & Date Sent: \_\_\_\_\_

Renter's Deposit Refunded: \_\_\_\_\_

Date Change in Effect: \_\_\_\_\_

Change Completed by: \_\_\_\_\_

SCSD Approval: \_\_\_\_\_ Date: \_\_\_\_\_