

Return To: Shasta Community Services District (530) 241-6264 FAX: (530) 241-9028  
P.O. Box 2520  
Shasta, CA 96087

**WATER SERVICE CHANGE REQUEST**

Telephone: \_\_\_\_\_ Account No: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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

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

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

Change Requested: \_\_\_ De-active Account \_\_\_ Close Account \_\_\_ Other Change

Change Details: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Responsible Party Contact: \_\_\_\_\_

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

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

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

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

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

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