



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
Water Off

Effective Date: _____
MM/DD/YY

Owner Renter

Email: _____

Phone 1: _____ Phone 2: _____

Signature: _____ Date: _____

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

Owners Address: _____

City: _____
State Zip

Phone: _____

Bring New Service Form to Office or Fax to (303) 288-9531
Or Email the 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 # _____