

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 is to be filled out by the S.C.S.D. office

Final Bill Amount & Date Sent: _____

Renter's Deposit Refunded: _____

Date Change in Effect: _____

Change Completed by: _____

SCSD Approval: _____ Date: _____