



START SERVICE REQUEST FORM – COMMERCIAL

Complete this form online, print and sign it, then either mail or fax it to the Las Vegas Valley Water District's Customer Service Division (see instructions below).

Fill in fields online before printing.

Legal Business Name: _____ <small>(If partnership provide name of highest ranking official)</small>		Tax ID Number: _____	
AND If Tax ID Number is Social Security Number, provide last 4-digits only and Date of Birth / /			
Business Owner Name: First _____		Last _____	
DL # _____	State: _____		
Contact Name: First _____		Last _____	
Type of Business: _____	Is this a Medical Facility: YES		NO
Business Hours: _____			
Primary Telephone: () _____		Business Owners Telephone: () _____	
Service Address: _____		Suite/Unit: _____	
City: _____	NV	Zip Code: _____	-
Mailing Address: Same as above		Different Address (Fill out below)	
Street Address: _____		Suite/Unit: _____	
City: _____	State: _____	Zip Code: _____	-
Phone number to reach you at today: () _____			
Requested connection date (mm/dd/yyyy): / /			
<p>I hereby agree to pay for water service at this service address in accordance with and to abide by the service rules and regulations of the Las Vegas Valley Water District. Please note that the Las Vegas Valley Water District has partnered with Experian for identification verification. In addition a deposit may be required for new service. Upon receipt of your request, a Customer Service Associate may contact you at the number you have provided to process your payment for the deposit. We accept MasterCard, Visa, Discover, American Express and Diners Club International. Customers who request activation of a service shall be responsible for damage resulting from such activation due to open or faulty piping and/or fixtures on the customer's property.</p>			
Print Name Of Authorized* Company Representative: _____		Signature of Authorized* Company Representative: _____	

TO SUBMIT THIS FORM:

Mail to: Las Vegas Valley Water District
Customer Services Division MS #680
1001 S. Valley View Blvd.
Las Vegas, NV 89153

Fax to: (702) 822-8694

NOTE: Please allow 5 business days to process this request. If you have questions, please call **Customer Services** at **(702) 870-4194** or toll-free at **(800) 252-2011**.

**Authorized representative must be listed as a contact person with the LVVWD.