*****COPY OF IDENTIFICATION IS REQUIRED*****

Sun Valley General Improvement District
5000 Sun Valley Boulevard
Sun Valley, NV 89433-8229
Phone: (775) 673-2220
Fax: (775) 673-1835

WATER AND SEWER SERVICE APPLICATION AND AGREEMENT

Sun Valley General Improvement District (District) is hereby requested by Applicant/Owner to furnish water and/or sewer service and in consideration for such service, Applicant/Owner represents, understands, covenants and agrees with the District as follows: (1) That all District services and charges are governed by the Sun Valley General Improvement District's Rules and Regulations legally adopted by the Board of Trustees of the District, subject to modification from time to time, as same becomes legally effective. A copy of such rules and regulations are available for Applicant/Owner's inspection at the District Office, 5000 Sun Valley Blvd., Sun Valley, Nevada. (2) By their signature below, Applicant/Owner consents to allow the District personnel access to the subject premises for the purpose of insuring compliance with District Rules and Regulations and for repairs or maintenance to District water and sewer facilities. (3) Applicant/Owner, by signature below, acknowledges that he understands the District's regulations defining the charges applicable to service. (4) That all statements of the Applicant/Owner set forth in this application, under penalty of perjury and/or appropriate civil/criminal redress, including service termination, are true and correct. (5) Applicant understands that the Sun Valley General Improvement District is not required to furnish water or sewer service until all applicable charges therefore are paid per the said rules and regulations and by his signature below, Applicant/Owner agrees to pay same in advance of such services.

Applicant:_____ Phone:_____

Cell:_____

Co-Applicant:_____ Phone:_____

Cell:_____

Service type: ☐ Residential ☐ Commercial If commercial property, Business Name: _____

Are you transferring service within the District? ☐ Yes ☐ No

If yes, previous address: _____
Street Number and Name

Is the applicant/co-applicant the landowner? ☐ Yes ☐ No

Service Address:_____ _____ _____ _____
Street Number and Name *City* *State* *Zip*

Mailing Address:_____ _____ _____ _____
Street Number and Name *City* *State* *Zip*

*****THE DISTRICT IS NOT RESPONSIBLE FOR DAMAGE CAUSED BY PLUMBING FIXTURES LEFT OPEN OR ON AT TIME OF INSTALLATION OF WATER METER.*****

How many units are served from this meter? _____ **Requested Service Start Date:**_____

Applicant Signature:_____ Date:_____

Co-Applicant Signature:_____ Date:_____

A CONNECTION CHARGE WILL APPEAR ON YOUR FIRST BILLING STATEMENT

FRONT OFFICE USE

Install Date: _____ Deposit:$_____ Transfer: ☐ Cust #:_____ - _____

Read only? ☐ Yes ☐ No ☐ Cash ☐ Final balance $_____

L/O Sign required? ☐ Yes ☐ No ☐ Credit Card ☐ Deposit $_____

Old Balance: $_____ ☐ Paid ☐ Check # _____ make up bal:$_____

New L/O? ☐ Yes ☐ No ☐ Transfer ☐ CC on file

Taken by: _____ (initials) Comments:_____ ☐ ACH

BACK OFFICE USE

Customer #:_____ - _____ Transfer: Deposit ☐ Yes ☐ No CC on file ☐ Yes ☐ No

Transfer Cust # ☐ Yes ☐ No $_____ ACH ☐ Yes ☐ No

Verify Deposit ☐ Final balance ☐ Winter Avg ☐ Yes ☐ No

Comments:_____

_____

Revised 6-30-2026