



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

DUE DATE/BILLING CYCLE MODIFICATION REQUEST

The Applicant agrees to comply with all Sun Valley General Improvement District Rules, Regulations and Tariff Schedules 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, Regulations, and Tariff Schedules are available at the District office located at 5000 Sun Valley Blvd., Sun Valley, Nevada or at our website www.svgid.com.

Applicant must submit verification of frequency of income as requested by the District. (i.e.; assignment letter from social security, disability, or retirement; or bank statement(s) noting direct deposit information)

CUSTOMER INFORMATION

Customer's Name: _____ (please type/print)
Service Address: _____ Sun Valley NV 89433
Mailing Address: _____ City State Zip
Preferred method of contact? [] Home Phone: _____ [] Cell Phone: _____ [] Work Phone: _____
Date Income is received: _____ Customer's ideal due date: _____

I certify that the information that I have provided is true and correct to the best of my knowledge. By requesting this service and initialing below I agree to the following terms:

- 1. _____ This service is a courtesy to accommodate customer's billing cycle and due date based on customer's fixed income.
2. _____ No payment arrangements will be permitted. This service is in lieu of payment arrangements.
3. _____ This Agreement will stay in force until written notification has been given to cancel this agreement or the account is closed.
4. _____ If you are not the landowner, please have the landowner authorize this due date modification by completing the other side of this form.

Applicant signature: _____ Date: _____

OFFICE USE ONLY

Account #: _____ - _____ Received By: _____ Date: _____
Landowner Signature Required: [] Yes [] No

BACK OFFICE USE ONLY

Original Billing Cycle: 1 2 3 4 New Billing Cycle: 1 2 3 4
Original Due Date: _____ New Due Date: _____
Date Income Received : _____ Document Provided: _____
Approved: [] Yes [] No Reason if Declined : _____
Reviewed By: _____ Note Account: []
Revised 02/24/14



Copy of Landowner ID is required

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

**DUE DATE/BILLING CYCLE MODIFICATION REQUEST
LANDOWNER AUTHORIZATION FOR TENANT**

TENANT INFORMATION

Service Address: _____ Sun Valley _____ NV _____ 89433 _____

Tenant Name(s) _____

LANDOWNER INFORMATION

Landowner Name: _____ (please type/print)

Mailing Address: _____
(if different) _____ City _____ State _____ Zip _____

Preferred method of contact? Home Phone: _____ Cell Phone: _____ Work Phone: _____

By signing, I acknowledge and agree to the following:

1. _____ The tenant has my consent to modify the billing cycle/due date to best accommodate the tenant's fixed income.
2. _____ I understand that the standard bill is typically due 20 calendar days from the meter read and that modifying the billing cycle/due date will extend the time between the meter read and due date.
3. _____ I understand an unpaid balance stays with the property and the District reserves the right to hold the landowner responsible for any unpaid balance.
4. _____ All Sun Valley G.I.D. Rules and/or Regulations will apply.

Landowner signature: _____ Date: _____

Revised 02/24/14

GENERAL
IMPROVEMENT
DISTRICT