



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, Regulation, 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](http://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: \_\_\_\_\_  
(If different) (street address) (City) (State) (Zip)

Preferred method of contact?  Home# \_\_\_\_\_  Cell #: \_\_\_\_\_  Work # \_\_\_\_\_

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 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.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Account#: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**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: