

Sun Valley General Improvement District 5000 Sun Valley Boulevard Sun Valley, NV 89433-8229

Phone: (775) 673-2220 Fax: (775) 673-1835

WINTER AVERAGE RE-EVALUATION REQUEST

All requests for re-evaluation must be submitted to Sun Valley General Improvement District (SVGID), no later than 90 days from the end of your evaluation period. All questions should be directed to the SVGID Office (775) 673-2220. **Except under extreme circumstances**, any applicable adjustment to your sewer charge will be made after the evaluation period is over.

		CUSTOMER I	NFORM <i>A</i>	TION		
Name on Account:				Phone #:		
Service Address:					# People in I	Home:
Mailing Address:						
	Street Number & Name	or P.O. Box Numbe	r	City	State	Zip
		USAGE INF	ORMATI	ON		
A) LEAK: If a leak oc	curs vou must first r	enair all leaks	Complete	e this form and atta	ch any supporting	documentation
Date started (estima				o uno romi ana ana		
Is the leak repaired			paired:			
Documentation atta		 Io□		/		
Explanation (if need						
A & B) The above in	Please check one:			or Outside N		ow.
Signature:				Date:		
		055105	U05 011	V.		
		OFFICE	USE ONL	-Y		
Customer #:	Cycle: 1	2 3 4	Date R	ec'd:lı	nitials:	Comment
	TIVIL	BACK OFFI	CE USE (ONLY		
Old WA:	\$ New W	/A:	/ \$	Based on: J	F M A LY W	A Other:
Affect/Mon_ Usage	Adjustment	Adj. based on	Note Post Acct		Secon	dary
□ _{Jan} /\$				New w/a posted ☐		
Feb /\$				Letter mailed		
☐ Mar / \$						
☐ Apr		*new w/a				
Total Adj	ustment:					

Revised: 11/21/2022

OPEN TAPS/OUTSIDE WATERING DETAILS

December						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March							
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

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