



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 INFORMATION

Name on Account: _____ Phone #: _____
 Service Address: _____ # People in Home: _____
 Mailing Address: _____
Street Number & Name or P.O. Box Number City State Zip

USAGE INFORMATION

A) LEAK: If a leak occurs, you must first repair all leaks. Complete this form and attach any supporting documentation.

Date started (estimate): _____ Exact location: _____
 Is the leak repaired? Yes No Date repaired: _____
 Documentation attached: Yes No
 Explanation (if needed): _____

B) OPEN TAPS or OUTSIDE WATERING: If you leave your faucet on to prevent frozen pipes or if you water outside, it is necessary that you keep track of the dates so we can determine which months are affected. Please use the calendar on the back of this page to mark the dates.

Please check one: Open Taps or Outside Watering

A & B) The above information is correct to the best of my knowledge as designated by my signature below.

Signature: _____ Date: _____

OFFICE USE ONLY

Customer #: _____ Cycle: 1 2 3 4 Date Rec'd: _____ Initials: _____ Comment
 Leak Check:

BACK OFFICE USE ONLY

Old WA: _____ / \$ New WA: _____ / \$ Based on: J F M A LY VA Other: _____

Affect/Mon	Usage	Adjustment	Adj. based on	Note	Post	Acct	Secondary
<input type="checkbox"/> Jan	/ \$			<input type="checkbox"/> <input type="checkbox"/> New w/a posted <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Feb	/ \$			<input type="checkbox"/> <input type="checkbox"/> Letter mailed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Mar	/ \$			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Apr	/ \$		*new w/a	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Total Adjustment:							_____

Revised: 01/13/2020

The winter evaluation begins on December _____ and ends on March _____.

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	29

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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