



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: _____
 (if different) _____ 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 income. At the customer's request, the district may review an account to change the original due date (original billing cycle).
2. _____ No payment arrangements will be permitted. This service is in lieu of payment arrangements.
3. _____ Applicant must submit verification of frequency of income as requested by the District.
4. _____ If the account is disconnected due to nonpayment, the modification will be canceled, and the account will be returned to the original billing cycle.
5. _____ This Agreement will stay in force until written notification has been given to cancel this agreement or until such time that the account becomes delinquent 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason if Declined :	_____
Reviewed By:	_____	Note Account:	<input type="checkbox"/>

Revised 08/09/2012