



**Utilities Department, 1220 Sweetwater Road, Incline Village, NV 89451-9214**  
**Telephone # 775-832-1203, Fax # 775-832-1260**

Please Fill Out This Form and Return to IVGID  
**---DESIGNATION OF AGENT---**

As the owner of \_\_\_\_\_, IVGID Utility Account number \_\_\_\_\_, I am hereby requesting that the billing for utility service and account correspondence from the Incline /Village General Improvement District for this property be sent to me in care of my authorized agent as follows:

\_\_\_\_\_  
**Agent's Name**

\_\_\_\_\_  
**Agent's Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Agent's Phone Number**

I acknowledge that by this designation, I am not waiving the District's right to collect for service from me as the owner of the property served and that I am fully responsible for any charges not otherwise paid. I understand that all invoices, delinquency notices, shut off notices, inspection notices, and other correspondence will be sent to my agent's mailing address. I understand that if this account is paid through IVGID's electronic funds transfers (EFT), this designation DOES NOT stop future EFT payments.

\_\_\_\_\_  
**Owners Signature**

\_\_\_\_\_  
**Date of Request**

\_\_\_\_\_  
**Print Owner's Name**

\_\_\_\_\_  
**Print Owner's email address**

\_\_\_\_\_  
**Owner's Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Owner's Phone Number**