SEWER LATERAL INSPECTION INVOICE

Invoice #: _____
Date: _____

COMPANY NAME
123 Business Way
City, State, Zip
Phone: (555) 000-0000

CUSTOMER INFO

Name: _____
Address: _____
City/Zip: _____

SERVICE LOCATION

Same as Customer
Address: _____
City/Zip: _____

INSPECTION SUMMARY

Access Point: _____
Pipe Material: _____
Total Footage: _____
Pipe Diameter: _____

Findings: Pass | Fail | Repairs Required

Description of Services	Qty	Unit Price	Total
CCTV Camera Inspection (Main Lateral)			
Line Location / Marking			

Description of Services	Qty	Unit Price	Total
Hydro-Jetting / Cleaning			
Other: _____			

Subtotal:$_____
Tax:$_____
TOTAL DUE:$_____

NOTES / RECOMMENDATIONS

Payment due within ____ days. Please make checks payable to: **Company Name**

Customer Signature: _____ Technician: _____