

CITY SEWERAGE UTILITY

123 Municipal Way, City Center
Phone: (555) 012-3456

INVOICE

Account #: _____
Bill Date: _____

Service Address:

Billing Period:

From: _____
To: _____
Due Date: _____

Service Description	Rate/Usage	Amount
Fixed Monthly Service Charge	-	\$ _____
Sewerage Collection (Based on Water Usage)	___ units	\$ _____
Treatment Plant Maintenance Fee	Flat Rate	\$ _____
Environmental Compliance Surcharge	___ %	\$ _____
Current Charges Total:		\$ _____

Service Description

Rate/Usage

Amount

Previous Balance: \$ _____

TOTAL AMOUNT DUE: \$ _____

Important Information:

- A late fee of 5% will be applied if payment is not received by the due date.
- Please make checks payable to "City Sewerage Revenue."

Thank you for your timely payment.

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DETACH AND RETURN THIS STUB WITH PAYMENT

Account: _____ Due Date: _____ Amount Paid: \$ _____