

COUNTY SEWERAGE AUTHORITY

123 Public Works Way
County Seat, State, Zip
Phone: (555) 000-0000

INVOICE

Account #: _____
Bill Date: _____
Due Date: _____

SERVICE ADDRESS

BILLING ADDRESS

Description of Service	Period	Amount
Fixed Base Rate	___/___ to ___/___	\$ 0.00
Usage Charge (per 1,000 Gallons)	___/___ to ___/___	\$ 0.00
Infrastructure Surcharge	-	\$ 0.00

Description of Service	Period	Amount
Late Fees / Adjustments	-	\$ 0.00

Subtotal: \$ 0.00
Tax/State Fee: \$ 0.00
TOTAL DUE: \$ 0.00

Please make checks payable to **County Sewerage Authority**.

Include your account number on the memo line. Thank you for your prompt payment.