

DEPARTMENT OF PUBLIC WORKS

Municipal Sewerage & Water Authority
123 Government Plaza, Civic Center

INVOICE

Bill Date: [Date]
Account No: [Number]

Service Address:

[Customer Name]
[Street Address]
[City, State, Zip]

Billing Period:

[Start Date] to [End Date]
Due Date: [Date]

USAGE DETAILS

Meter ID	Previous Reading	Current Reading	Consumption (HCF/GAL)
[ID-NUMBER]	[Value]	[Value]	[Value]

ACCOUNT SUMMARY

Description	Rate/Basis	Amount
Fixed Sewer Service Charge	Monthly Flat Rate	\$0.00
Volumetric Sewerage Treatment	Per Unit Rate	\$0.00
Infrastructure Improvement Levy	Fixed Fee	\$0.00
Environmental Compliance Fee	Percentage	\$0.00
Current Charges		\$0.00
Arrears/Past Due		\$0.00

TOTAL AMOUNT DUE

\$0.00

Important Information: Payments received after the due date are subject to a 5% late penalty. Failure to pay may result in service interruption. Please make checks payable to "City Treasurer".