

# LOCAL MUNICIPALITY

Department of Public Works  
123 Civic Center Plaza  
City, State, ZIP

## SEWERAGE INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### CUSTOMER INFORMATION

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account #: \_\_\_\_\_

### BILLING PERIOD

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Service Description	Meter Reading / Basis	Rate	Amount
Fixed Monthly Service Charge	Flat Rate	\$	\$
Sewerage Usage Charge	_____ Gallons/Units	\$	\$
Stormwater Management Fee	Impervious Area	\$	\$
Infrastructure Improvement Levy	-	\$	\$

Subtotal: \$ \_\_\_\_\_

Taxes/Surcharges: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

Please make checks payable to "Local Municipality Treasurer".  
Interest charges apply to all late payments after the due date.