

CITY MUNICIPALITY

Department of Public Works - Sewerage Division
123 Civic Center Plaza
City, State, Zip

INVOICE

Invoice #: _____
Billing Date: _____

SERVICE ADDRESS:

Account #: _____

BILL TO:

Service Description	Meter Reading / Usage	Rate	Amount
Monthly Base Service Fee	Fixed	\$ _____	\$ _____
Sewerage Consumption Charge	_____ Gals/CCF	\$ _____	\$ _____

Service Description	Meter Reading / Usage	Rate	Amount
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Environmental Compliance Surcharge	N/A	\$ _____	\$ _____
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Stormwater Management Fee	Flat Rate	\$ _____	\$ _____
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CURRENT CHARGES TOTAL: \$ _____

Previous Balance / Arrears: \$ _____

TOTAL AMOUNT DUE: \$ _____

DUE DATE: _____

Payment Instructions: Please make checks payable to "City Treasurer". Include your account number on the check. Late payments are subject to a 5% penalty fee. For billing inquiries, call (555) 000-0000.

DETACH AND RETURN THIS PORTION WITH PAYMENT