

SEWERAGE UTILITY

123 Utility Way, City, State, Zip
Phone: (555) 000-0000

QUARTERLY BILL

Invoice #: _____
Date Issued: _____

SERVICE ADDRESS:

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

ACCOUNT INFO:

Account #: _____
Billing Period: _____
Due Date: _____

Description of Charges	Rate/Basis	Amount
Fixed Quarterly Service Fee	Flat Rate	\$ 0.00
Usage Charge (Based on Water Consumption)	per 1,000 gal	\$ 0.00
Environmental Compliance Surcharge	Fixed	\$ 0.00
Previous Balance / Arrears	-	\$ 0.00

TOTAL AMOUNT DUE: \$ _____

Notes: Please make checks payable to "Sewerage Utility Department". A late fee of 5% will be applied to payments received after the due date.

Thank you for your prompt payment.