

SEWER SERVICE INVOICE

Municipal Utilities Department
123 Public Works Way
City, State, Zip

Account No: _____
Invoice Date: _____
Due Date: _____

Service Address:

Billing Address:

Description of Service	Period	Usage (HCF/Gal)	Amount
Fixed Sanitary Sewer Base Charge	___/___ to ___/___	-	\$ _____
Volumetric Sewer Treatment Fee	___/___ to ___/___	_____	\$ _____
Environmental Compliance Fee	-	-	\$ _____
Stormwater Management Rate	-	-	\$ _____

Previous Balance: \$ _____

Current Charges: \$ _____

Late Fees / Adjustments: \$ _____

Total Amount Due: \$ _____

Please make checks payable to: **City Municipal Utilities**

Include your account number on the memo line. A late fee of ____% applies after the due date.