

# CITY WASTEWATER SERVICES

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

## INVOICE

Account Number: \_\_\_\_\_  
Bill Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### SERVICE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

### BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

Service Description	Read Dates	Usage (HCF/GAL)	Rate	Amount
Sewer Base Charge	___ to ___	-	\$___	\$___
Wastewater Consumption	___ to ___	_____	\$___	\$___
Environmental Fee	-	-	\$___	\$___
Stormwater Management	-	-	\$___	\$___
<b>CURRENT CHARGES:</b>				<b>\$_____</b>

Service Description	Read Dates	Usage (HCF/GAL)	Rate	Amount
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Previous Balance: \$ \_\_\_\_\_

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

Please make checks payable to "City Wastewater Services".  
Late fees apply after the due date.

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DETACH AND RETURN THIS PORTION WITH PAYMENT

**Account:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_  
**Amount Paid:** \$ \_\_\_\_\_