

# VILLAGE SEWERAGE AUTHORITY

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

## INVOICE

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

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

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

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### BILL TO:

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### SERVICE ADDRESS:

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Description of Service	Service Period	Rate / Units	Amount
Fixed Sewerage Fee	___/___ to ___/___		\$
Usage Surcharge (per 1,000 gal)	___/___ to ___/___		\$
Infrastructure Maintenance Fee	-		\$
Arrears / Past Due Balance	-		\$
<b>TOTAL DUE:</b>			<b>\$</b>

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

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**Note:** Please make checks payable to "Village Sewerage Authority". A late fee of \_\_\_\_% will be applied to balances unpaid after the due date.

Thank you for being a valued resident.