

MUNICIPAL WATER UTILITY

Invoice #: _____
Date: _____
Due Date: _____

Service Address: _____

Account #: _____

Customer Billing Address: _____

Meter Number:	Previous Reading:	Current Reading:	Usage (Gal/m ³):
_____	_____	_____	_____

Description	Rate / Unit	Total
Water Usage Charge	_____	_____
Sewer / Wastewater Service	_____	_____
Fixed Infrastructure Fee	_____	_____
Environmental Compliance Fee	_____	_____

Subtotal: _____

Tax/Adjustments: _____

Total Amount Due: _____

Please make checks payable to **Municipal Water Authority**.
A late fee of _____% applies after the due date. For billing inquiries, call (____) ____-____.