

LEGAL INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____

Date: _____

Matter ID: _____

Client:

[Client Name]
[Billing Address]
[City, State, Zip]

Tax Authority:

[County/Assessor Name]
[Tax Year/Cycle]

Subject Property Details:

Parcel ID (PIN): _____
Address: _____
Original Assessed Value: \$ _____

Date	Description of Legal Services / Expenses	Hours/Qty	Rate	Total
	Initial File Review & Evidence Gathering			\$
	Preparation of Appeal Petition			\$

Date	Description of Legal Services / Expenses	Hours/Qty	Rate	Total
	Representation at Board of Review Hearing			\$
	Filing Fees / Appraisal Costs (Disbursements)			\$
	Contingency Fee (% of Tax Savings)			\$

Subtotal: \$ _____
Tax/Other: \$ _____
Amount Due: \$ _____

Payment Terms: Due within [30] days. Please make checks payable to "[Law Firm Name]".

Thank you for your business.