

INVOICE

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

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Client:

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

Case Reference:

Docket #: [Case Number]
Tax Year: [Year]
Jurisdiction: [County/Board Name]

Property Subject to Appeal:
Parcel ID (PIN): [00-00-000-000]
Address: [Property Street Address, City, State]

Description of Services	Hours / Qty	Rate	Total
Initial Appraisal Review & Filing of Appeal	[0.0]	[\$[0.00]]	[\$[0.00]]
Legal Representation at Board of Review Hearing	[0.0]	[\$[0.00]]	[\$[0.00]]
Contingency Fee (% of Tax Savings Realized)	[0%]	-	[\$[0.00]]

Description of Services	Hours / Qty	Rate	Total
Administrative Filing Fees & Costs	[1]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Amount Due: \$[0.00]

Notes: Please make checks payable to "[Law Firm Name]". Include the invoice number on your payment.

Thank you for your business.