

DEMOLITION INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

Client Information:

[Name]
[Billing Address]
[Phone/Email]

Site Location:

[Street Address]
[Lot/Space Number]
[Park Name, if applicable]

Mobile Home Details:

Year/Make/Model: _____ | Size: (Single/Double/Triple Wide)

Description of Service	Qty/Hours	Rate	Total
Mobile Home Demolition & Debris Removal			\$
Tipping/Landfill Fees			\$
Utility Disconnection/Cap-off			\$
Site Clearing & Grading			\$

Description of Service	Qty/Hours	Rate	Total
Permit/Hazardous Material Surcharge			\$

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All debris disposed of according to local environmental regulations. Site left in "clean-dirt" condition unless otherwise specified.