

Water Company name

Mailing address

City, State, Zip code

Daytime Phone: xxx-xxx-xxxx

Emergency Phone: xxx-xxx-xxxx

BILLING DATE: Month/Date/Year

(Month-Date) Bill for charges for (timeframe)

Prior meter reading: _____

Current meter reading: _____

Usage for period _____ (fill in appropriate unit here -
hundred cubic foot units (CCF), thousand gallon units

METER READING DATE: _____

Previous balance due \$ _____

Payment received \$ _____

Current amount owed \$ _____

Surcharges \$ _____

Franchise Charges \$ _____

TOTAL BALANCE DUE \$ _____

BILL DUE DATE: _____