



### Sewer Camera Invoice

Operator Name: \_\_\_\_\_ Date: \_\_\_\_\_

System: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Charges:**      \$150 per day set-up (includes 1<sup>st</sup> block)      \$100 for each additional block

Blocks:

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

	_____ Days @ \$150.00= _____
	_____ Blocks @ \$100.00 = _____
\$240 for all Wastewater Systems	Membership = _____
	Total Due = _____
Operator Signature: _____	