



## 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 = _____
\$230 for all Wastewater Systems	Membership = _____
	Total Due = _____
Operator Signature: _____	