

2718 Gateway Avenue, Suite 201
Bismarck, ND 58503
Phone (701) 258-9249 or 1-800-349-6951

**WORK ORDER
DATE:** _____

Operator:
Operator Email:
Auditor:
Auditor Email:
System:
Billing Address:
City/State/Zip
Telephone:

DESCRIPTION	UNITS	RATE	AMOUNT
Backflow Device Testing (per device)		\$50.00	
City Dues		\$275.00	
OR			
Wastewater Only Dues		\$140.00	
TOTAL			\$ -

*This is NOT a bill. An invoice will be sent at a later date.

Operator Signature _____