



WASTEWATER TREATMENT BILL

Name, Customer Name
Account Number, 1234567AB
Service Location, 1234 Test St Rockford
Issue Date, 07/28/2011 - Quarterly
Account Type, Domestic - One (1) Family

Summary table: Current Charge 100.92, Previous Balance 20.00, Total Due \$120.92, Payment Due 08/17/2011

Barcode
CUSTOMER NAME
ADDITIONAL NAME
9876 N TEST RD
ROCKFORD IL 61109-1518

Pay online at www.rrwr.d.dst.il.us

***** Billing Period *****
03/11/2011 06/10/2011 92 Days
Flow 55 Ccf, Flow Type Actual, BOD 200 mg/L, TSS 250 mg/L, NH4 12 mg/L

Charges table with columns: Charges, Rate, Amount, Dollar. Includes rows for Flow, Summer Discount, Customer Charge, Billed Flow, BOD, TSS, NH4, Pilot Charge, Ebill Credit, Current Charges.

Previous Balance Due Immediately

Any questions or to pay by phone, call 815.387.7510

Return only this portion with your check made payable to RRWRD, in the included return envelope. Please write your account number on your check.
Additional information on back of bill



PO Box 6207, ROCKFORD, IL 61125-1207

Account Number 1234567AB
Service Location 1234 Test St Rockford
Bill Address Customer Name, 9876 N Test Rd, Rockford IL 61109-1518

Please Pay This Amount By 08/17/2011 \$120.92
After 08/17/2011, Pay \$131.01

000000660911999018000009217000010139

RRWRD

PO BOX 6207
ROCKFORD, IL 61125-1207



Payment Amount box

Moved? Check this box. Write new address on back.

C0000173/000502