



Electric Gate Valve Operator Invoice

Operator Name: _____ Date: _____

System: _____ Telephone No. _____

Billing Address: _____

City: _____ Zip: _____

Charges:

Systems less than 500: \$50 per week

Systems greater than 500: \$100 per week

_____ Weeks (Systems less than 500) @ \$50.00= _____

_____ Weeks (Systems greater than 500) @ \$100.00= _____

\$245 for all Water Systems

Membership = _____

Total Due = _____

Operator Signature: _____