



Sewer Camera Invoice

Operator Name: _____ Date: _____

System: _____ Telephone No. _____

Billing Address: _____

City: _____ Zip: _____

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

Blocks:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

	_____ Days @ \$150.00= _____
	_____ Blocks @ \$100.00 = _____
\$245 for all Wastewater Systems	Membership = _____
	Total Due = _____
Operator Signature: _____	