



TOWN OF BERRYVILLE

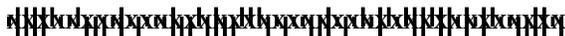
101 CHALMERS CT. SUITE A
BERRYVILLE, VA 22611-1337

SAMPLE FRONT OF BILL

www.berryvilleva.gov

101 KAY 0305

XXXXXXXXXXS:



YOUR NAME
YOUR MAILING ADDRESS
BERRYVILLE VA 22611-1141



IMPORTANT MESSAGE

THIS IS YOUR MONTHLY UTILITY AND REFUSE BILL

Due upon receipt.

Checks payable to: Town of Berryville

See back of statement for payment options and additional bill information.

If you have questions concerning this bill, please call
(540) 955-1099

Business Hours: Monday-Friday 8:30 AM - 5:00 PM
A Drop Box is available for payments after hours

ACCOUNT NUMBER **YOUR ACCOUNT NUMBER** SERVICE ADDRESS **YOUR SERVICE ADDRESS**

SERVICE FROM		SERVICE TO		NO. DAYS	BILLING DATE	*DUE DATE	*CUT-OFF DATE
PREVIOUS READ DATE		CURRENT READ DATE		# OF DAYS IN BILLING CYCLE	BILL DATE	DUE DATE	CUT-OFF DATE
METER SERIAL NUMBER	PREVIOUS READING	CURRENT READING	USAGE PER 1,000 GALLONS	SERVICE		AMOUNT	
YOUR METER NUMBER	LAST METER READ	NEW METER READ	TOTAL USAGE	Deposit Balance		-225.00	
				WATER		8.15	
				SEWER		17.27	
				WA ADMN & FCLTY		7.13	
				SW ADMN & FCLTY		4.82	
				REFUSE		0.00	
USAGE HISTORY (PER 1,000 GALLONS)							
<p>GRAPH OF YOUR MONTHLY USAGE</p>							
<p>NOTE: Please take a few minutes to familiarize yourself with the new bill format. Please also review the information on the back of the bill. To make payments online visit www.berryvilleva.gov and click on the PAY ONLINE icon at the top of the page.</p> <p>IMPORTANT NOTES ABOUT YOUR ACCOUNT & INFORMATION FROM THE TOWN WILL BE IN THIS BOX</p>				CURRENT CHARGES:		37.37	
				PREVIOUS BALANCE:		0.00	
				TOTAL DUE		37.37	
				TOTAL AFTER DUE DATE:		41.11	
						INCLUDES 10% PENALTY	

YOUR BILLED CHARGES ARE LISTED ABOVE
IF YOU PLACED A DEPOSIT ON YOUR ACCOUNT THE AMOUNT IS LISTED ABOVE NEXT TO "DEPOSIT BALANCE". THIS AMOUNT IS CREDITED TOWARD YOUR "FINAL BILL" WHEN YOU CLOSE THE ACCOUNT.

PLEASE RETURN THIS PORTION WITH PAYMENT

ACCOUNT NUMBER	BILLING DATE	*DUE DATE	*CUT-OFF DATE	TOTAL AFTER DUE DATE	TOTAL DUE
YOUR ACCOUNT NUMBER	DATE PROCESSED	02/15/2021	02/23/2021	41.11	37.37

CHARGES + 10%

TO CHANGE YOUR MAILING ADDRESS, PLEASE FILL IN YOUR NEW ADDRESS BELOW

CHANGE OF ADDRESS

ADDRESS: _____
 CITY, STATE ZIP: _____
 PHONE NUMBER: _____
 EMAIL: _____

NOTE: *SEE BACK OF BILL FOR EXPLANATION OF CUT-OFF DATE. A 10% LATE CHARGE IS APPLIED AFTER DUE DATE.

YOUR NAME
YOUR BILLING ADDRESS
BERRYVILLE VA 22611

AMOUNT ENCLOSED
\$ _____



RETURN THIS STUB IN THE ENCLOSED ENVELOPE WITH YOUR PAYMENT IF YOU ARE MAILING OR PUTTING IN THE TOWN OF BERRYVILLE PAYMENT DROP BOX.

IF PAYING IN PERSON, PLEASE BRING THIS STUB PORTION WITH YOU.



TOWN OF BERRYVILLE
101 CHALMERS CT STE A
BERRYVILLE VA 22611-1387