



**Invoice No.** \_\_\_\_\_

Please return to: City of Charlottesville  
 Department of Neighborhood Development Services  
 Attn:  
 P.O. Box 911, City Hall  
 Charlottesville, VA 22902  
 Telephone (434) 970-3182 Fax (434) 970-3359

Please return a copy of this invoice with the total amount due, shown at the bottom of the page, within ten (10) days of the date posted below. Please make checks payable to the City of Charlottesville.

**From:** Department of Neighborhood Development Services  
 Attn:  
 Post Office Box 911, City Hall  
 Charlottesville, VA 22902

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	Description	Price Each	Total
<b>TOTAL DUE</b>			

Please return this form and the total amount due within ten (10) days of the date shown above.

**Thank you.**