

RETURN SERVICE REQUESTED

ACCOUNT NUMBER		BILLING DATE		
SERVICE ADDRESS				
DATE FROM	DATE	ТО	DAYS	

OFFICE HOURS MONDAY - FRIDAY 8:00 AM - 4:30 PM

**AFTER HOURS EMERGENCY # 1-888-846-6838** 

FAILURE TO RECEIVE THIS BILL DOES NOT EXEMPT CUSTOMER FROM PENALTY FOR LATE PAYMENT OF THE AMOUNT DUE.

IT IS OWNERS RESPONSIBILITY TO NOTIFY WHETHER OCCUPIED OR VACANT. NO RETROACTIVE CREDITS.

SERVICE CODE EXPLANATION
F - Flat Charge WU - Water Usage
R - Residential SU - Sewer Usage
C - Commercial P - Penalty
N - Non-User MISC - Charges/Adjust

METER NUMBER	PREVIOUS READING	CURRENT READING	USAGE	DESCRIPTION	AMOUNT

Previous Balance
Payment Applied
Current Bill Amount 0.00

Total Due

**PAID** 

If you notice a bill that does not reflect your normal usage, it is your responsibility to contact us immediately

DETACH HERE AND RETURN THIS PORTION WITH YOUR REMITTANCE

## MAKE CHECK PAYABLE & MAIL TO: TAZEWELL COUNTY PSA

PO BOX 190 NORTH TAZEWELL, VA 24630

PAYMENT DUE UPON RECEIPT.
BRING THIS BILL WHEN PAYING IN PERSON.

SERVICE ADDRESS				
DATE FROM	DATE TO	DAYS		
•				
	PAY			
	PAY			
AMOUNT				
		DATE FROM DATE TO  PAY  PAY		

\*CUT OFF FOR UNPAID PREVIOUS BALANCE WILL
BE THE LAST TUESDAY OF THE MONTH

SEE PSA WEB SITE: tcpsa.org



