

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

109 Governor Street, 6th Floor, Richmond, VA 23219  
Phone: (804) 864-7501 Fax: (804) 864-7521

**WATERWORKS OPERATION FEE**

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

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

Office of Drinking Water  
Virginia Department of Health  
109 Governor Street, 6th Floor  
Richmond, Virginia 23219-3635

**Payment Terms:** \_\_\_\_\_

VDH Federal Identification Number: 546001775

All checks should be made payable to: **VDH - Waterworks Technical Assistance Fund**. All payments received will be applied to the oldest outstanding amount due.

For questions or payment arrangements, please call Accounts Receivable at (804) 864-7500.

Check/money orders: Return this invoice/data verification notice with your payment in the enclosed envelope. There will be a \$50 charge applied for checks returned due to insufficient funds, stale dates, account closure, and dishonored credit/debit card payments.

**Credit Card:** Payments can be made by clicking the Waterworks Operation Fee Credit Card Site at <http://www.vdh.virginia.gov/ODW>.

EFT/State Agencies: Indicate the Invoice Bill ID number on remittance/documentation.

PWS Type P: The annual charge is a flat fee of \$90 and is due November 1.

PWS Type C: Annual billings of \$400 or greater are automatically eligible for quarterly installment payments. The first installment is due August 1. Annual billings less than \$400 are due in full August 1. The annual charge is \$2.95 per connection.

Bill ID	Owner ID	Billing Period

**Make corrections in the shaded areas provided and pay the corrected amount.**

PWS ID	PWS Name	PWS Type	Connections	Extended Price

*The information on this invoice is true, accurate, and correct to the best of my knowledge, and I will clarify or supplement information pertaining to this invoice upon request. Any corrections are made in the shaded areas provided.*

Subtotal: \_\_\_\_\_

Other: No fees are to exceed \$160,000

Total: \_\_\_\_\_

Chief Administrative Officer, Owner, or Responsible Owner Representative: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Owner's Federal ID Number/ VA Drivers License Number/ Social Security Number: \_\_\_\_\_

**UPDATE OF CONTACT INFORMATION**

Since my last bill my contact information (name, phone numbers, email address, etc.) Check One:

Has Not Changed

Has Changed

*If your information has changed, an Office of Drinking Water representative will contact you to update our records.*