



Monroe County Food Protection
111 Westfall Road, Room 832
Rochester, NY 14620
(585) 753-5064

INVOICE

Date	Invoice #	Due Date
5/29/2019	FS2019-2702	5/31/2019

Bill To

Invoice For Facility

Description	Amount
Seating 26-50	\$230.00
Total: \$230.00	
Customer Balance: \$230.00	

Failure to remit payment by the due date will result in a late fee added to your balance due.
Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT
 PAY ONLINE: <https://ehpermits.monroecounty.gov/dev/pay> QUESTIONS/PAY BY PHONE: (585) 753-5064
 Make checks payable to: Monroe County Department of Public Health

Facility: ADMINISTRATIVE HEARING FINES
 FAC #:
 Invoice #: FS2019-2702

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