Monroe County Department of Public Health 111 Westfall Road, Room 828 Rochester, NY 14620 (585) 753-5571

INVOICE

Date	Invoice #	Due Date
10/28/2018	TR2018-0038	

Bill To
MICHELLE MOUSSEAU
ST. PAUL'S DAY CARE CENTER
13 VICK PARK B
ROCHESTER, NY 14607

Invoice For Facility
ST. PAUL'S DAY CARE CENTER
13 VICK PARK B
ROCHESTER, NY 14607

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/pay
QUESTIONS/PAY BY PHONE: (585) 753-5571
Make checks payable to: Monroe County Department of Public Health

Facility: ST. PAUL'S DAY CARE CENTER

FAC #: 27DCC141 Invoice #: TR2018-0038 Bill To MICHELLE MOUSSEAU ST. PAUL'S DAY CARE CENTER

13 VICK PARK B ROCHESTER, NY 14607

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Total: \$325.00