

Date:

## Invoice

Name: Address: City/State: Zip Code:

Permanent Parcel No(s) .:

Geauga	Lake	Cuyahoga	Ashtabula	Portage	Summit	Trumbull
Services Pr	ovided	•				

Services Provided:

Type of survey: Research: Field Work: Monuments: Legal: Filing: Notes:

## Total Amount Due:

Payment due by:

## Please make check or money order payable to: "D.B. KOSIE & ASSOCIATES"

## Thank You for your business!

If after week(s) ( days) payment has not been received in full, a late fee of \$30 will be applied and an additional fee of 2.0% of the total amount due will be added per/month until payment is made in full.