

Make Check Payable to and Mail to:

**DEPT OF WATER SUPPLY**  
**COUNTY OF HAWAII**  
 345 KEKUANAOA ST, SUITE 20  
 HILO, HAWAII 96720



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1 Customer Account Number		
2 Due Date	3 Amount Due	Late Amount
Service Address		4 Amount Enclosed



Please detach top portion and return with payment.

DEPT OF WATER SUPPLY  
 COUNTY OF HAWAII

1 Account Number

Name 6

4 Service Address

Meter Number	Read Dates		Billing Days	Meter Readings		Multiplier	Usage	Units	
	Present	Previous		Code	Present				
	7	7		8	8		9		

**12 BILLING SUMMARY**

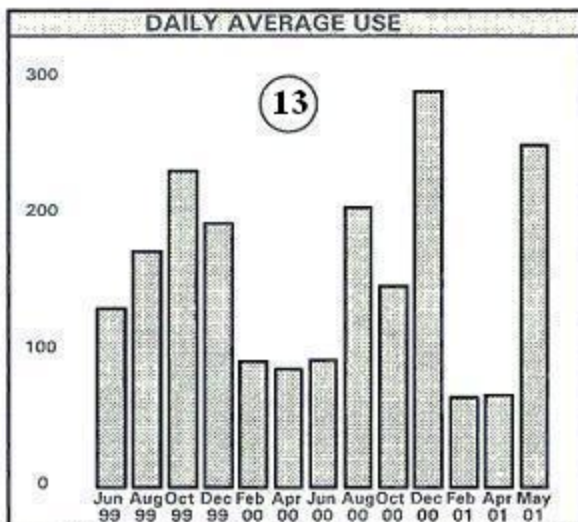
Previous Balance as of :  
 Payments & Adjustments

Balance Forward as of :  
 Current Charges as of :  
 Total Amount Due

10 PREVIOUS BALANCE  
 PAYMENT  
 BALANCE FORWARD

11 STANDBY CHARGE  
 CONSUMPTION CHARGE  
 POWER COST CHARGE

3 CURRENT CHARGES  
 TOTAL AMOUNT DUE



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Bill Type	Account Type	14 Bill Date	2 Due Date	3 Amount Due	Late Amount
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MESSAGES:

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