14 pages

REMIT PAYMENT TO:

City Of Georgetown Fire Department
Pmb - 339
12407 Mopac Expwy #100
Austin, TX 78758-2429

PHONE: (512) 343-1500 Ext. Fire FAX: (866) 569-0228

Processing Agent

REVENUE RESCUE Inc

OUR INVOICE
75562-1
Date
11/13/09

CENTRAL MUTUAL
Attn: Gina Chapman
PO BOX 353
VAN WERT, OH 45891

INSURANCE INFORMATION:
Insured: [redacted]
Policy #: [redacted]

Federal Tax I.D: [redacted]

Service Provided: 11/06/2009 RESIDENCE
[redacted]
Georgetown, TX [redacted]

YOUR CLAIM# [redacted]

Fire Department services provided in response to a COLLISION incident

ITEM #	QUANITY	DESCRIPTION	CHARGE
1	1.00	322 Vehicle Accident W/Injuries L-4	.00
2	1.00	Dispatch Fee L-4	75.00
3	60.00 min.	Quint 3 Response L-4, (MINIMUM CHARGE APPLIES	600.00
4	2.00	Latex Gloves,Pair L-4	10.00
		Total --> $	685.00

Dept: GEOTW 9004667 Who: rr07 When: Nov 13, 2009 09:51:19
image