

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 38493

VENDOR #: 2987

DEPT.: FIRE

DATE: 1.30.19

VENDOR NAME: Cleveland Water Dept.

BILLING ADDRESS 1: 1201 Lakeside Ave. 2nd Fl

ADDRESS 2: _____

CITY, STATE, ZIP: Cleveland Ohio 44114

PHONE: 216 664 2444
x7 75424

CONTACT: Keith Cromer

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		Annual Hydrant Fee 2019		9294.58

JUSTIFICATION OF NEED: _____

ACCOUNT #: 101. 121. 50314

AMOUNT: 9294.58

REQUESTED BY: EC

DEPT. APPROVAL: _____

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: _____

February 2019 Council



DIVISION OF WATER

1201 LAKESIDE AVENUE
CLEVELAND, OHIO 44114
(216) 664-2444 EXT. 75424 fax (216) 664-4452

Invoice No. B-2335

INVOICE

Customer

Name Village of Mayfield
Address 6622 Wilson Mills Road
City Mayfield OH 44143
Attention: Ronald Wynne, Finance Director

Date January 25, 2019

Number	Service Levels	Rate (1/2 MCF)	TOTAL
0	1ST HIGH	22.72	\$0.00
330	2ND HIGH	27.97	\$9,230.10
2	3RD HIGH	32.34	\$64.48
Annual charge for water based on the number of hydrants per codified ordinance no. 535.28			
332		TOTAL	\$9,294.58

Please remit payment to: Cleveland Water Department, 1201 Lakeside Avenue 2nd Floor, Cleveland, OH 44114, Attn: Keith Cromer and include the invoice number on your check.

PAYMENT IS DUE UPON RECEIPT