

**From:**  
City of South Bend  
227 W. Jefferson Blvd.  
South Bend, IN 46601



# INVOICE

Date  
Manner of Service: Mailed

Owner Name  
Mailing Address  
City, State, Zip

**Record ID:** XXX-00-00000  
**Violation:** Type  
**Invoice Date:** Date

**Property Address:** Property Address, City, State, Zip  
**Parcel ID:** XX-XX-XX-XXX-XXX.XXX-XXX

**Inspector:** Name

Invoice Number	Description	Amount
XXXXX	Ordinance Violation: Section XX-XX	\$0.00

The work performed amount is for services rendered by the Department of Code Enforcement abatement crews after the property was reinspected and found to be in continued violation. If you have questions or concerns regarding the balance due contact the Department of Code Enforcement (574) 235-9486 or dispute the bill online:

<http://southbendin.gov/government/content/violations-citation-processes-invoice-citation-appeal>

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**-- PLEASE DETACH AND SEND THIS SECTION WITH PAYMENT --**  
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Owner Name  
Mailing Address  
City, State, Zip

**Property Address:**  
Property Address, City, State, Zip

Make Check Payable To:  
Department of Code Enforcement  
1300 County-City Building  
227 W. Jefferson Blvd.  
South Bend, IN, 46601

**Record ID:** XXX-XX-XXXXX  
**Invoice Number:** XXXXX  
**Invoice Date:** Date  
**Balance Due:** \$0.00  
**Due Date:** Date  
**Terms:** 45 Days