



TO:

Invoice #

Invoice Date

Current Billing Period

Previously Billed Charges

Current Charges

DIRECT ALL INQUIRIES TO:

Email:

MAKE ALL CHECKS PAYABLE TO:

CITY, STATE, ZIP

Please email a copy of the invoice to Kaylene Zielinski or
CCSSInvoices@ClarkCountyNV.gov by the **5th** of the month

4/20/25

\$0.00

AMOUNT

\$0.00

\$0.00

\$0.00

\$0.00

PAY THIS AMOUNT

