

Signature of Responsible Party

MARSHALL COUNTY HEALTH DEPARTMENT 513 6th Street, Moundsville, WV 26041 304-845-7840

FEES FOR SERVICE INVOICE

5 minutes	\$10.00
0 minutes	\$20.00
5 minutes	\$30.00
0 minutes	\$40.00
ch & Copy	\$.50 per page
	\$20.00
	\$25.00
	\$10.00
	\$75.00
	\$10.00
	\$100.00
	\$10.00
	\$250.00
	\$136.00
	\$75.00
	\$75.00
	\$10.00 per lo
	\$300.00
	\$150.00
	\$150.00
	\$250.00
	\$350.00
	\$400.00
	\$250.00
	\$100.00
	\$150.00
	\$200.00
	\$150.00
	\$200.00
	\$10.00 per site
	\$100.00
	\$150.00
	\$200.00
	\$150.00
I payment.	
	nd payment.

CHECKS OR MONEY ORDERS PAYABLE TO: MARSHALL COUNTY HEALTH DEPARTMENT

Signature of Health Dept. Staff

Date

White ... Environmental Yellow ... Financial Pink ... Applicant

*** RETURN ALL THREE COPIES TO THE HEALTH DEPARTMENT *** (Revised 3/2024)