

_____, 20____

**5440 Routes 5 & 20 West
Canandaigua, NY 14424**

P.O. Address _____

[illegible]

STATE OF NEW YORK
County of Ontario,
Town of Canandaigua, } ss.:

I, _____, do hereby certify that the above account in the amount of \$ _____ is true and correct; that the items, services and disbursements charged were rendered to the town on the dates stated; that no part has been paid or satisfied; that taxes, from which the town is exempt, are not included; and that the amount claimed is actually due.

Date _____

Signature _____

Title _____

Town of Canandaigua, NY

BILL OF

No. _____

Nature _____

Amount Claimed \$ _____

Amount Allowed \$ _____

Approved by _____

Date _____