

# INVOICE

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Exhibit "B"

**Bill To:**

Ohio Manufactured Homes Commission  
 5100 Parkcenter Rd Suite 103  
 Dublin OH 43017

Invoice # \_\_\_\_\_  
 Date: \_\_\_\_\_

Date	Park Name	Park Address	County	# of Lots	Inspection Fee

Inspection Fee Schedule	
<u>Lots</u>	<u>Inspect Fee / Park</u>
3-50	\$150
51-100	\$175
101-200	\$200
201-300	\$225
301-400	\$250
401-500	\$275
501-1000	\$325
1000+	\$425

Page 1 Total \_\_\_\_\_

Page 1 Total	_____
Page 2 Total	_____
Total Due	_____

