**INVOICE**

|  |  |
| --- | --- |
| Date | Invoice # |
|  | Town 1 |

Municipality Name

Municipality Contact Person

Municipality Mailing Address

Municipality Email Address

|  |
| --- |
| Bill To |
| DECD  Attn: Housing Opportunity Program  59 State House Station  Augusta, ME 04333-0059  housing.decd@maine.gov |

|  |  |
| --- | --- |
| Description | Amount |
| Municipal payment to fund costs associated with P.L. 2021, ch. 672 compliance  Vendor Code (if known): |  |
|  | TOTAL: |