**Case Number: Responsible Party:**

**TES~~T~~**

**Date:**

**Billing Statement**

**~~US~~E**

Total Current Balance: Current Amount Due:

**ONLY**

If you do not have a payment agreement or think your balance is wrong, contact the County Collections Department at:

If you do not have a signed Repayment Agreement, and/or we do not get your payments, we can take your state tax return for a CalWORKs overpayment, or your state or federal tax return for a CalFresh Overissuance. If you are presently aided in another county, please call us with the name and phone number of your worker.

Please see page 3 of this letter for payment stub and return instructions.

NOTE: You are not required to use SSI or any other exempt funds to repay these debts.

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| **Account Number** | **Program** | **Current Balance** | **Minimum Due** | **Payment Due Date** | **Last Payment Date** | **Total Payments In Last 31 Days** |
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| **Account Number** | **Program** | **Current Balance** | **Minimum Due** | **Payment Due Date** | **Last Payment Date** | **Total Payments In Last 31 Days** |
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**TEST USE ONLY**

**DO NOT DISTRIBUTE**

**Case Number:**

**Current Amount Due:**

**Due Date:**

**TEST**

Please make check or money order payable to

Please write your Case Number on your check or money order and send this stub with your payment, keep the first page for your records. Do not mail cash. Payments can be made in person at

**Date: Payment Amount:**

**USE**

**ONLY**

Please fold or tear on this line and ensure the county address can be seen through the envelope window

# DO NOT DISTRIBUTE

THIS PAGE IS INTENTIONALLY LEFT BLANK

**TEST**

# USE ONLY

**DO NOT DISTRIBUTE**