

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084150  
Vendor Name: DuPage County Health Dept.  
Invoice Number: IN0051335  
Invoice Date: 4/1/2022  
PO Number: P0002875  
Check Number: E0089570  
Check Amount: \$ 544.00  
Check Date: 05/10/2022  
Voucher Number: V0737973  
Document Type: AP Invoice

Document Below



Submit Payments to: DuPage County Health Department  
111 North County Farm Road  
Wheaton, IL 60187  
630-682-7400

## INVOICE - FIRST NOTICE

**Total Amount of:**

**\$544.00**

**Due By:**

**5/14/2022**

TO: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice ID

IN0051335

Date

4/1/2022

Account ID

AR0006280

Facility ID

FA0006163

RE: COLLEGE OF DUPAGE

PO 2875

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
4/1/2022	8006	Annual Swimming Pool Permit - Year Round	\$544.00
		425 FAWELL BLVD GLEN ELLYN IL 60137	
		MULTI-USE POOL	
		Total Due for This Invoice:	\$544.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**



Please note, if you are paying with a check, include the Invoice ID on the check itself.

You can now pay online! Visit our website at <https://eco.dupagehealth.org/#!/onlinePayments> or scan the QR Code

Date: April 1, 2022

To: Owners and Operators of Pool Facilities Permitted in DuPage County

From: DuPage County Health Department

Re: Pool Facility Operating Permit Fees and Important Reminders



This memorandum is included with your 2022 invoice to provide important program information. You are receiving this information because you have a business or individual account with the DuPage County Health Department.

1) **PAYMENT**

The key information from the enclosed invoice are the **ACCOUNT** and **INVOICE** numbers, which will be required for all payment and billing questions.

- a. The preferred method of payment is available online at <https://eco.dupagehealth.org/#/onlinePayments> or by mail. Payments cannot be accepted over the phone. Instructions are available by clicking the "Online Instructions" module, located on the left-hand side.
- b. All credit card payments will include the transaction fee assessed by credit card processing companies, either 2.25 percent of the transaction or a \$1.00 minimum, whichever is greater. For payments made by e-check, a \$0.75 processing fee will apply.
- c. All accounts not paid in full by the invoice due date will be assessed a twenty five percent (25%) late fee, which will appear on the next billing statement.
- d. **If payment (annual and late fee) is not received by the invoice date, a site visit will be made by an Environmental Health Supervisor.**
- e. Upon receipt of payment, your permit will be mailed to your facility address.

If you need assistance making your payment, please contact the DuPage County Health Department Billing Office at 630-682-7400, extension 2299 or email [BillingOffice@dupagehealth.org](mailto:BillingOffice@dupagehealth.org). Scanning the QR code at the top of this letter will bring you to our website for more information regarding payments.

**IF YOUR BUSINESS IS CLOSED**

If your pool is closed, please send an email about not operating to [ehmail@dupagehealth.org](mailto:ehmail@dupagehealth.org). Be sure to include your invoice and account number with the email. If you prefer to speak with someone, please call Dana Outler at 630-221-7195.

Thank you for your cooperation and attention to these issues in the coming year.

"Smith, Bev" <smithb244@cod.edu>

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**Attached Image**

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"Smith, Bev" <smithb244@cod.edu>

Tue, Apr 26, 2022 at 08:59 PM GMT

CC:

BCC:

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**1 attachment**

2433\_001.pdf