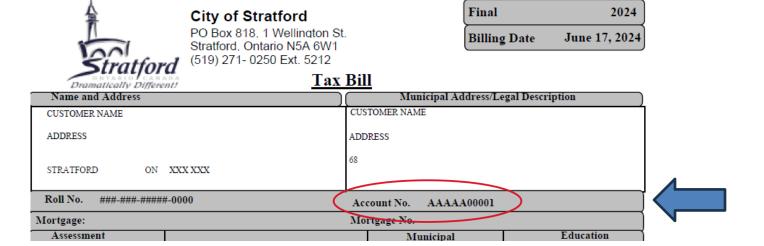
## Tax Bill:



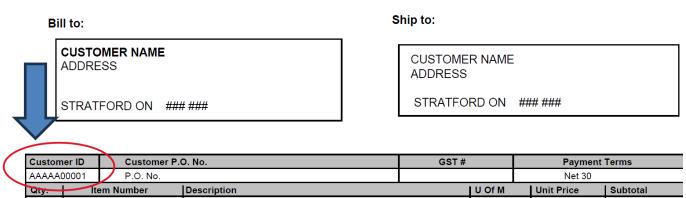
## **Accounts Receivable invoice:**

City of Stratford PO Box 818 Stratford, Ontario N5A 6W1



INVOICE	IVC######
Type	Invoice
Date	11/19/2024
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## INVOICE



## **Accounts Receivable statement:**



Account: AAAAA00001

Amount Paid:

STATEMENT