

Vendor/Invoice	Amount	Description	Fiscal Year	Account Coding	Reason
ConvergeOne	\$839.50	CJIS Router Maintenance	FY24	0121052-5240033	Invoice went to former employee email - contacting vendors to send invoices to shared department email
JSI Research & Training Institute	\$1,000.00	Student Survey	FY25	0121052-530000	PO was closed instead of carried over into new fiscal year
New England Trauma Services	\$203.74	Biohazard Service	FY25	0121052-530000	Invoice went to former employee email - contacting vendors to send invoices to shared department email
Careworks	\$35.02	111F Managed Case Services	FY24	0121052-530000	Invoice went to former employee email - contacting vendors to send invoices to shared department email
CHA #8867	\$850.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#8936	\$680.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9009	\$850.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9097	\$850.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9153	\$1,020.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9274	\$680.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9298	\$850.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
CHA#9434	\$850.00	Random Drug/Alcohol Screening	FY25	0121052-530000	Vendor Behind on Billing Services from FY25/Exceeded Carried Over PO
Commonwealth of Mass - EZDrive	\$40.40	Tolls	FY24/FY25	0121052-571000	RMV would not dismiss as the COHR car is registered as passenger vehicle and not an Emergency Vehicle
	\$8,748.66				



12 Hartwell Ave, Lexington, MA 02421
Accounts Receivable: 781-676-8322

CJIS MAINTENANCE INVOICE and CONTRACT

Invoice #: CHSB-PD251-FY24

09/01/2023

SOMERVILLE Police Department
Christine Masiello
220 WASHINGTON STREET
SOMERVILLE, MA 02143-3117

PAYMENT: In consideration for the services to be performed by ConvergeOne, the customer agrees to pay an amount of **\$839.50** for FY24. The amount is in accordance with ITT72 / ITT50.

ON-SITE Maintenance Service For equipment located at 220 WASHINGTON STREET SOMERVILLE	CONTRACT #:	Maintenance Dates	AMOUNT
CJIS EQUIPMENT DESCRIPTION:			
1 SRX320 Router	GN5300-504	7/1/2023-6/30/2024	\$839.50
0 MIRCS	~	~	\$0.00
24x7 Coverage			
TOTAL DUE upon receipt			\$839.50

Applicable taxes are not included in the charge set forth above and shall be the responsibility of the customer. The customer will also provide at its own expense utilities such as light, heat, power, telephone, and air conditioning required by ConvergeOne to service and maintain the equipment.

ACCEPTANCE OF CONTRACT: The price and conditions are satisfactory and are hereby accepted. You are authorized to perform under the conditions contained herein and made part of this Agreement.

Return this signed contract to tquigley@convergeone.com

ConvergeOne

(Seller)

SOMERVILLE Police Department

(Name)

By: Mark Colp

(Authorized Signature)

By: _____

(Authorized Signature)

State Administrator

(Title)

(Title)

- For invoicing questions, please contact Tom at tquigley@convergeone.com
- Payment due upon receipt to the above address

For maintenance issues, contact CJIS hotline at 617-660-4620
Keep copy of contract and service agreement
for your yearly audit



INVOICE

From:
JSI Research & Training Institute, Inc.
 44 Farnsworth Street
 Boston, MA 02210-1211
 617-482-9485 Voice
 617-482-0617 Fax
www.jsi.com

Invoice Date: 04/10/2025
 Invoice Number: 30475.0001-2

Period of Performance: 09/01/2024-06/30/2025 Year 1

TO:
City of Somerville
 Attn: Kelly Hiland, Deputy Director of Public Health
 50 Evergreen Avenue
 Somerville MA 02145
 email: khiland@somervillema.gov

Total Award Year 1:	\$12,000.00
Previous Billed:	\$3,000.00
Current Amount:	\$3,000.00
Remaining Balance:	\$6,000.00

Scope of Services:

Services Performed January 1, 2025 through March 31, 2025

Meet with City staff, Somerville Public School leadership (middle and high school), youth and other relevant stakeholders to gather input on the development and design of the Somerville Student Health middle school and high school surveys.

Invoice Total \$3,000.00

Please submit payment to JSI Research and Training Institute, Inc.

Please reference the invoice number **30475.0001-2** on your payment:

To Pay Electronically:
 Bank Name: Citizens Bank
 Account Name: JSI Research & Training Institute Inc.
 ACH Routing Number: 211070175
 Account Number 131349-451-5

To Pay by Check:
 JSI Research and Training Institute, Inc.
 44 Farnsworth Street
 Boston, MA 02210-1214
 Attn: Accounts Receivable


 Regina Santoro, Financial Administrator

4/10/25
 Date

Federal ID: 04-2679824

Emily Wisdom

From: Emily Wisdom
Sent: Monday, July 28, 2025 9:51 AM
To: Anoop Malik
Cc: Joanne Hosman; Lucy Barrows; Leonor Moni
Subject: RE: Paying Procedure for Invoice from JSI Research & Training Institute Inc.

Good morning,

We did not carry over the remaining balance of the \$4000 PO, as I did not realize that we still had an outstanding payment that was owed to them. I guess I will have to seek council approval, as I was referring to the FY26 requisition that I am waiting to convert to a PO for this fiscal year. I will enter this into Legistar and get it in front of the Finance Committee as quickly as I can.

Thank you,

Emily Wisdom
Director of Finance and Administration
Somerville Police Department
220 Washington Street,
Somerville, MA 02143
W. 617.625.1600 X7239

From: Anoop Malik <amalik@somervillema.gov>
Sent: Monday, July 28, 2025 9:19 AM
To: Emily Wisdom <ewisdom@police.somerville.ma.us>
Cc: Joanne Hosman <JHosman@k12.somerville.ma.us>; Lucy Barrows <lbarrows@somervillema.gov>; Leonor Moni <lmoni@police.somerville.ma.us>
Subject: RE: Paying Procedure for Invoice from JSI Research & Training Institute Inc.

Hi Emily,

Thanks for this update. We will have to hold paying this vendor then I guess because we can't half pay the invoice. I am also wondering that I thought you had a \$4K PO opened from FY25 and only paid \$3K so should have had \$1K left. Well, we will notify the vendor about the delay because if you will use FY26 funds to pay FY25 invoice, you are probably seeking council approval as well.

Please let me know when you are ready to process your portion of \$1K because we & SPS will have to process in the same warrant.

Thanks & Regards,
Anoop

From: Emily Wisdom <ewisdom@police.somerville.ma.us>
Sent: Monday, July 28, 2025 9:13 AM
To: Anoop Malik <amalik@somervillema.gov>



New England Trauma Services
391 Oakland Street
Mansfield, MA 02048
508-964-4900

INVOICE

Date:	Invoice #:
02/17/2025	SI-1604

Bill To:
Somerville Police Department 220 Washington Street Somerville, MA 02143

Loss Description
2/15/25 Cleaned cell 2.

P.O. #
Job #
25-02-2223-PD

Customer	Somerville Police Department
Property Address	220 Washington Street
City/State/ZIP	Somerville , Ma,02143

Description	Qty.	Price	Amount
Technician - Cell/Cruiser	1.00	\$75.00	\$75.00
PPE Set - Housing/Municipality	1.00	\$75.00	\$75.00
Shockwave RTU	0.25	\$26.96	\$6.74
Bio Hazard Box - Police Department	1.00	\$50.00	\$50.00

Grand Total

206.74

Tax ID: 83-1950205

City of Somerville - Police
93 Highland Avenue
Somerville MA 02143

Voucher

Check Number

0000001090

Issue Date: 10/09/2023
VOID After 180 Days

00000000

For Please see attached listing for items paid by this check.

Pay Thirty-Five and 02/100 Dollars

\$ *****35.02

To The CAREWORKS MANAGED CARE SERVICES INC
OrderOf PO BOX 204479
DALLAS, TX 753204479

~~NON-NEGOTIABLE~~
Authorized Signature

⑈0000001090⑈ ⑆0000000000⑆ 9999999996⑈

Please see attached list of 12 items paid by check: 0000001090, issued: 10/09/2023, for \$35.02.

Prior year
invoices

U.S. Mail

0001078621

USICUSTCK 6/19

Bulk check detail sheet for check number 0000001090. Issue date: 10/09/2023
 Payable to: CAREWORKS MANAGED CARE SERVICES INC

Invoice Number	Amount	Service From	Service To	ClaimId	Claimant	Description
M12929611	\$ 1.25	10/05/2023	10/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
P12929611	\$ 8.64	10/05/2023	10/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
M12931421	\$ 2.50	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
P12931421	\$ 1.21	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12931921	\$ 1.25	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
P12931921	\$ 1.25	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12923411	\$ 1.25	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924377	\$ 1.25	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924380	\$ 5.00	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12924385	\$ 7.50	10/06/2023	10/06/2023	7250922		Service dates from 10/06/2023 To 10/06/2023
M12925756	\$ 1.25	10/05/2023	10/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
P12925756	\$ 2.67	10/05/2023	10/05/2023	7250922		Service dates from 10/05/2023 To 10/05/2023
Total Amount:		\$ 35.02				

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12929611

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12929611	1	2023-09-06 - 2023-09-06	462523117	WINCHESTER HOSPITAL	10/05/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$2,150.00

Bill Review Reductions:	\$1,509.93
Audit Reductions:	\$0.00
Network Reductions:	\$32.00
Total Reductions:	\$1,541.93
Recommended Payment:	\$608.07

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$8.64
Tax Fees:	\$0.00
Total Fees:	\$9.89

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12931421

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12931421	2	2023-09-05 - 2023-09-05	043397450	Atrius Health Inc	10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	2
Billed Charges:	\$166.00

Bill Review Reductions:	\$121.29
Audit Reductions:	\$0.00
Network Reductions:	\$4.47
Total Reductions:	\$125.76
Recommended Payment:	\$40.24

Bill Review Fees:	\$2.50
Audit Fees:	\$0.00
Network Fees:	\$1.21
Tax Fees:	\$0.00
Total Fees:	\$3.71

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12931921

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12931921	1	2023-08-28 - 2023-08-28	043397450	Atrius Health Inc	10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$172.00

Bill Review Reductions:	\$125.80
Audit Reductions:	\$0.00
Network Reductions:	\$4.62
Total Reductions:	\$130.42
Recommended Payment:	\$41.58

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$1.25
Tax Fees:	\$0.00
Total Fees:	\$2.50

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12923411

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12923411	1	2021-11-30 - 2021-11-30	042312909	BRIGHAM AND WOMENS HOSPITAL	10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$300.00

Bill Review Reductions:	\$234.09
Audit Reductions:	\$0.00
Network Reductions:	\$0.00
Total Reductions:	<u>\$234.09</u>
Recommended Payment:	\$65.91

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$0.00
Tax Fees:	<u>\$0.00</u>
Total Fees:	\$1.25

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924377

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12924377	1	2022-07-26 - 2022-07-26	042312909	BRIGHAM AND WOMEN'S HOSP	10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$156.00

Bill Review Reductions:	\$132.43
Audit Reductions:	\$0.00
Network Reductions:	\$0.00
Total Reductions:	\$132.43
Recommended Payment:	\$23.57

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$0.00
Tax Fees:	\$0.00
Total Fees:	\$1.25

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924380

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12924380	4	2022-07-07 - 2022-07-28	042312909	BRIGHAM AND WOMEN'S HOSP	10/06/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	4
Billed Charges:	\$764.00

Bill Review Reductions:	\$670.16
Audit Reductions:	\$0.00
Network Reductions:	\$0.00
Total Reductions:	\$670.16
Recommended Payment:	\$93.84

Bill Review Fees:	\$5.00
Audit Fees:	\$0.00
Network Fees:	\$0.00
Tax Fees:	\$0.00
Total Fees:	\$5.00

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12924385

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12924385	6	2022-06-02 - 2022-06-23	042312909	BRIGHAM AND WOMEN'S HOSP	10/06/2023

Totals:

Invoice

Bills Reviewed: 1
Lines Reviewed: 6
Billed Charges: \$1,146.00

Bill Review Reductions: \$1,004.79
Audit Reductions: \$0.00
Network Reductions: \$0.00
Total Reductions: \$1,004.79
Recommended Payment: \$141.21

Bill Review Fees: \$7.50
Audit Fees: \$0.00
Network Fees: \$0.00
Tax Fees: \$0.00
Total Fees: \$7.50

Please reference invoice number with remittance of payment.

Individual Summary
ICE MASTER - FUTURECOMP : CITY OF SOMERVILLE
10/01/23 - 10/31/23
Review Type: ALL
State: ALL
Billing Type: Wholesale

Carrier Location: CITY OF SOMERVILLE

Invoice Number: 12925756

Patient Name: [REDACTED]
Claim Number: 7250922
Employer: City of Somerville - Police

SSN: [REDACTED]
DOL: 02/12/2020

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
MA	12925756	1	2023-09-13 - 2023-09-13	042746756	Excel Orthopaedic Specialists	10/05/2023

Totals:

Invoice

Bills Reviewed:	1
Lines Reviewed:	1
Billed Charges:	\$344.11

Bill Review Reductions:	\$245.34
Audit Reductions:	\$0.00
Network Reductions:	\$9.88
Total Reductions:	\$255.22
Recommended Payment:	\$88.89

Bill Review Fees:	\$1.25
Audit Fees:	\$0.00
Network Fees:	\$2.67
Tax Fees:	\$0.00
Total Fees:	\$3.92

Please reference invoice number with remittance of payment.

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police & Fi
 November 2024

Invoice # 8867

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
82075	11/14/2024	Drug Screen, collection only	1.00	110.00			110.00
	11/14/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	11/18/2024	Drug Screen, collection only	1.00	110.00			110.00
	11/18/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	11/15/2024	Drug Screen, collection only	1.00	110.00			110.00
	11/15/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	11/08/2024	Drug Screen, collection only	1.00	110.00			110.00
	11/08/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	11/14/2024	Drug Screen, collection only	1.00	110.00			110.00
	11/14/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
Invoice # 8867 Balance Due:							850.00

Account Statement for City of Somerville Police & Fi

	<u>Current</u>	<u>30+ Days</u>	<u>60+ Days</u>	<u>90+ Days</u>	<u>120+ Days</u>	<u>180+ Days</u>	<u>360+ Days</u>	<u>Total</u>
Self Pay	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
166 Invs.	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00

Invoice # 8867 (continued) page 2



Cut and return with payment

Please place invoice number **8867** on check

Please remit **850.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
One Cabot Rd
Second Floor
Medford, MA 02155
Phone: 617-591-4660
FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
City of Somerville
220 Washington St
Somerville, MA 02143

For: City of Somerville Police & Fi
December 2024

Invoice # 8936

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
82075	12/18/2024	Drug Screen, collection only	1.00	110.00			110.00
	12/18/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	12/12/2024	Drug Screen, collection only	1.00	110.00			110.00
	12/12/2024	Breath Alcohol Testing	1.00	60.00			60.00
							170.00

Invoice # 8936 Balance Due: **680.00**

Account Statement for City of Somerville Police & Fi

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
166 Invs.	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00

Cut and return with payment

Please remit **680.00** to

Please place invoice number **8936** on check

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police & Fi
 January 2025

Invoice # 9008

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	01/16/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	01/16/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	01/14/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	01/14/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	01/10/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	01/10/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	01/15/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	01/15/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	01/13/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	01/13/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
Invoice # 9008 Balance Due:							850.00

Account Statement for City of Somerville Police & Fi

	<u>Current</u>	<u>30+ Days</u>	<u>60+ Days</u>	<u>90+ Days</u>	<u>120+ Days</u>	<u>180+ Days</u>	<u>360+ Days</u>	<u>Total</u>
Self Pay	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
166 Invs.	0.00	0.00	0.00	0.00	0.00	4,930.00	8,195.00	13,125.00

Invoice # 9008 (continued) page 2



Cut and return with payment

Please place invoice number **9008** on check

Please remit **850.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police
 February 2025

Invoice # 9097

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
	02/13/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	02/13/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	02/10/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	02/10/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	02/14/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	02/14/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	02/10/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	02/10/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
	02/12/2025	Drug Screen, collection only	1.00	110.00			110.00
82075	02/12/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00

Invoice # 9097 Balance Due: **850.00**

Account Statement for City of Somerville Police

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Invs.	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00

Invoice # 9097 (continued) page 2



Cut and return with payment

Please place invoice number **9097** on check

Please remit **850.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
One Cabot Rd
Second Floor
Medford, MA 02155
Phone: 617-591-4660
FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
City of Somerville
220 Washington St
Somerville, MA 02143

For: City of Somerville Police
March 2025

Invoice # 9153

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
82075	03/21/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/21/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	03/14/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/14/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	03/24/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/24/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	03/28/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/28/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	03/12/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/12/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	03/14/2025	Drug Screen, collection only	1.00	110.00			110.00
	03/14/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
Invoice # 9153 Balance Due:							1020.00

Account Statement for City of Somerville Police

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Invs.	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00

Invoice # 9153 (continued) page 2



Cut and return with payment

Please place invoice number **9153** on check

Please remit **1,020.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police
 April 2025

Invoice # 9274

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
82075	04/10/2025	Drug Screen, collection only	1.00	110.00			110.00
	04/10/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	04/14/2025	Drug Screen, collection only	1.00	110.00			110.00
	04/14/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	04/08/2025	Drug Screen, collection only	1.00	110.00			110.00
	04/08/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	04/11/2025	Drug Screen, collection only	1.00	110.00			110.00
	04/11/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00

Invoice # 9274 Balance Due: **680.00**

Account Statement for City of Somerville Police

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Invs.	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00



Cut and return with payment

Please place invoice number **9274** on check

Please remit **680.00** to Cambridge Public Health Commission
 PO Box 847438
 Boston, MA 02284-7438
 Phone: 617-591-4660

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police
 May 2025

Invoice # 9298

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
82075	05/15/2025	Drug Screen, collection only	1.00	110.00			110.00
	05/15/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	05/08/2025	Drug Screen, collection only	1.00	110.00			110.00
	05/08/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	05/12/2025	Drug Screen, collection only	1.00	110.00			110.00
	05/12/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	05/23/2025	Drug Screen, collection only	1.00	110.00			110.00
	05/23/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	05/12/2025	Drug Screen, collection only	1.00	110.00			110.00
	05/12/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00

Invoice # 9298 Balance Due: **850.00**

Account Statement for City of Somerville Police

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Invs.	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00

Invoice # 9298 (continued) page 2



Cut and return with payment

Please place invoice number **9298** on check

Please remit **850.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660

CHA Occupational Health
 One Cabot Rd
 Second Floor
 Medford, MA 02155
 Phone: 617-591-4660
 FEIN: 04-3320571

Invoice
August 07, 2025

Bill to: Betsy Mercado
 City of Somerville
 220 Washington St
 Somerville, MA 02143

For: City of Somerville Police
 June 2025

Invoice # 9434

Proc Code	Date	Description	Qty	Charge	Receipt	Adjust	Balance
82075	06/12/2025	Drug Screen, collection only	1.00	110.00			110.00
	06/12/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	06/20/2025	Drug Screen, collection only	1.00	110.00			110.00
	06/20/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	06/05/2025	Drug Screen, collection only	1.00	110.00			110.00
	06/05/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	06/06/2025	Drug Screen, collection only	1.00	110.00			110.00
	06/06/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
82075	06/10/2025	Drug Screen, collection only	1.00	110.00			110.00
	06/10/2025	Breath Alcohol Testing	1.00	60.00			60.00
							170.00
Invoice # 9434 Balance Due:							850.00

Account Statement for City of Somerville Police

	Current	30+ Days	60+ Days	90+ Days	120+ Days	180+ Days	360+ Days	Total
Self Pay	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Invs.	510.00	850.00	850.00	680.00	1,870.00	0.00	0.00	4,760.00

Invoice # 9434 (continued) page 2



Cut and return with payment

Please place invoice number **9434** on check

Please remit **850.00** to

Cambridge Public Health Commission
PO Box 847438
Boston, MA 02284-7438
Phone: 617-591-4660



Invoice

PAY BY PLATE MA
a program of EZDriveMA

Massachusetts Department of Transportation

www.paybyplatema.com
1-877-627-7745

You are receiving this invoice as the registered owner or the lessee of a vehicle that traveled on a Massachusetts toll road. Non-payment will result in additional fees.



SOMERVILLE CITY OF
220 WASHINGTON ST
SOMERVILLE, MA 02143-3117

License Plate: **2HVB59** Invoice Date: 09/28/2024
License Plate State: **MA** Invoice Period: 10/17/2023 -
Invoice Number: **105340464** 09/28/2024

Summary of Activity

Previous Balance	Payment/Credits	Toll Charges	Fees/Adj.	Balance Due	Payment Due Date
\$0.00	\$0.00	\$3.60	\$0.60	\$4.20	10/28/2024

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**.

www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed

\$

--	--	--	--	--	--	--	--	--	--

Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: **2HVB59**
License Plate State: **MA**
Invoice Number: **105340464**

Payment Due Date	Balance Due
10/28/2024	\$4.20

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01053404643 000004202

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
09/27/2024	Toll PAY BY PLATE MA	MA - 2HVB59		09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.55
09/27/2024	Toll PAY BY PLATE MA	MA - 2HVB59		09/25/2024 12:01:53	Sumner Tunnel - West	2	\$2.05
09/28/2024	Invoice Fee						\$0.60
Activity for the Posting Period							\$4.20

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com



Past Due Invoice

PAY BY PLATE MA
a program of EZDriveMA

Massachusetts Department of Transportation

www.paybyplatema.com
1-877-627-7745

Non-payment of a previous invoice has resulted in the assessment of fees. Failure to pay this invoice will result in additional fees.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: 2HVB59		Invoice Date: 11/03/2024			
License Plate State: MA		Invoice Period: 09/28/2024 -			
Invoice Number: 106698219		11/03/2024			
Summary of Activity					
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date
\$4.20	\$0.00	\$0.00	\$2.60	\$6.80	12/03/2024

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**.

www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpdocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpdocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH



Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59	
License Plate State: MA	
Invoice Number: 106698219	
Payment Due Date	Balance Due
12/03/2024	\$6.80

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01066982191 000006807

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
11/03/2024	Late Fee(s)	MA - 2HVB59		09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.00
11/03/2024	Late Fee(s)	MA - 2HVB59		09/25/2024 12:01:53	Sumner Tunnel - West	2	\$1.00
11/03/2024	Invoice Fee						\$0.60
Activity for the Posting Period							\$2.60

* Posted - represents the date activity was charged to your account.
** Date/Time - represents the date and time of your travel.



Notice of Non-Payment Invoice



Massachusetts Department of Transportation
www.paybyplatema.com
1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees. Failure to pay this notice will result in additional fees and being unable to renew your vehicle registration and/or driver's license. Failure to pay subsequent notices may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: 2HVB59		Invoice Date: 12/09/2024			
License Plate State: MA		Invoice Period: 11/03/2024 - 12/09/2024			
Invoice Number: 107976945					
Summary of Activity					
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date
\$6.80	\$0.00	\$0.00	\$2.60	\$9.40	01/08/2025

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**. www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59	
License Plate State: MA	
Invoice Number: 107976945	
Payment Due Date	Balance Due
01/08/2025	\$9.40

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01079769451 000009403

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
12/09/2024	Non-Payment Fee	MA - 2HVB59		09/25/2024 10:10:32	Tobin Bridge Local - North	2	\$1.00
12/09/2024	Non-Payment Fee	MA - 2HVB59		09/25/2024 12:01:53	Sumner Tunnel - West	2	\$1.00
12/09/2024	Invoice Fee						\$0.60

Activity for the Posting Period	\$2.60
--	---------------

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com



Notice of Liability Invoice

PAY BY PLATE MA
a program of EZDriveMA

Massachusetts Department of Transportation

www.paybyplatema.com
1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: **2HVB59** Invoice Date: 01/14/2025
License Plate State: **MA** Invoice Period: 12/09/2024 -
Invoice Number: **109180178** 01/14/2025

Summary of Activity

Previous Balance	Payment/Credits	Toll Charges	Fees/Adj.	Balance Due	Payment Due Date
\$9.40	\$0.00	\$0.00	\$22.60	\$32.00	Immediately

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**. www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH



Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed

\$

--	--	--	--	--	--	--	--	--	--

Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59	
License Plate State: MA	
Invoice Number: 109180178	
Payment Due Date	Balance Due
Immediately	\$32.00

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01091801786 000032002

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Class	Amount
01/14/2025	NOL Fee	MA - 2HVB59		09/25/2024 10:10:32	Tobin Bridge Local - North	2 \$1.00
01/14/2025	NOL Fee	MA - 2HVB59		09/25/2024 12:01:53	Sumner Tunnel - West	2 \$1.00
01/14/2025	Invoice Fee					\$0.80
01/14/2025	RMV Fee					\$20.00
Activity for the Posting Period						\$22.60

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com



Notice of Liability Invoice



Massachusetts Department of Transportation

www.paybyplatema.com

1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: **2HVB59** Invoice Date: 05/19/2025
License Plate State: **MA** Invoice Period: 01/14/2025 -
Invoice Number: **113034032** 05/19/2025

Summary of Activity

Previous Balance	Payment/Credits	Toll Charges	Fees/Adj.	Balance Due	Payment Due Date
\$32.00	\$0.00	\$1.55	\$0.60	\$34.15	Immediately

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**.

www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH

Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount
Enclosed



Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59	
License Plate State: MA	
Invoice Number: 113034032	
Payment Due Date	Balance Due
Immediately	\$34.15

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01130340325 000034153

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
05/18/2025	Toll PAY BY PLATE MA	MA - 2HVB59		05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.55
05/19/2025	Invoice Fee						\$0.60

Activity for the Posting Period	\$2.15
--	---------------

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com



Notice of Liability Invoice



Massachusetts Department of Transportation
www.paybyplatema.com
1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: 2HVB59		Invoice Date: 06/22/2025			
License Plate State: MA		Invoice Period: 05/19/2025 -			
Invoice Number: 114199201		06/22/2025			
Summary of Activity					
Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date
\$34.15	\$0.00	\$2.05	\$1.60	\$37.80	Immediately

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**. www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

Return form below with check or money order payment
DO NOT SEND CASH



Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed



Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: 2HVB59	
License Plate State: MA	
Invoice Number: 114199201	
Payment Due Date	Balance Due
Immediately	\$37.80

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01141992010 000037800

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
05/19/2025	Toll PAY BY PLATE MA	MA - 2HVB59		05/16/2025 08:10:10	Sumner Tunnel - West	2	\$2.05
06/22/2025	Late Fee(s)	MA - 2HVB59		05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.00
06/22/2025	Invoice Fee						\$0.60
Activity for the Posting Period							\$3.65

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.

Save Money! Join E-ZPass at www.EZDriveMA.com



Notice of Liability Invoice

PAY BY PLATE MA
a program of EZDriveMA

Massachusetts Department of Transportation

www.paybyplatema.com
1-877-627-7745

Non-payment of previous invoices has resulted in the assessment of fees and, per an agreement with your motor vehicle agency, you are unable to renew your vehicle registration and/or driver's license until your debt has been paid in full. Failure to pay this notice may be subject to additional late charges, intercept of state or federal payments or tax refunds, processing fee charges, and referral to collection under MGL C.7A, C.62D and 815 CMR 9.00.



SOMERVILLE CITY OF
93 HIGHLAND AVE
SOMERVILLE, MA 02143-1740

License Plate: **2HVB59** Invoice Date: 07/30/2025
License Plate State: **MA** Invoice Period: 06/22/2025 -
Invoice Number: **115695931** 07/30/2025

Summary of Activity

Previous Balance	Payment/ Credits	Toll Charges	Fees/ Adj.	Balance Due	Payment Due Date
\$37.80	\$0.00	\$0.00	\$2.60	\$40.40	Immediately

Save Money! Join E-ZPass at www.EZDriveMA.com

Payment Options:

Pay Online: The easiest and quickest way to pay your invoice.

- Pay by credit/debit card - Visit www.paybyplatema.com or scan QR Code to the right. Please have your invoice number and license plate information available (located above).
- E-ZPass MA Account Holders - If you are a current E-ZPass MA account holder in good standing and would like to deduct the Balance Due from your E-ZPass MA account, please visit www.EZDriveMA.com.



Pay in Person: For a list of payment locations, please visit www.paybyplatema.com. If paying at a MoneyGram location, please have the following receive code available: **17166**. www.paybyplatema.com

Pay by Phone: Call 1-877-627-7745, select option 1 for Pay By Plate MA or option 2 for E-ZPass MA and follow the prompts. Please have your invoice or account number, PIN and payment information available.

Pay by Mail: Include the Payment Form below with your check or money order.

Appeals: Transactions may be appealed, in writing, in accordance with the provisions of 700 CMR 7.0.5 and 700 CMR 11.0.6. Appeal Forms are available at www.EZDriveMA.com/pbpddocuments.

Leasing Companies: If the registered owner of the vehicle incurring the tolls shown on this invoice is in the business of leasing, please visit www.EZDriveMA.com/pbpddocuments to download the Lease Reassignment Form.

- Fees:**
- \$0.60 invoice fee - Assessed on all Pay By Plate MA invoices to cover cost of mailing.
 - \$1.00 late fee - Assessed for each unpaid toll transaction if payment is not received by the Payment Due Date.
 - \$20.00 RMV/DMV fee - Assessed upon issuance of Notice of Liability.
 - \$25.00 returned check fee - Assessed for each check payment returned by your financial institution.

If you have any questions about this invoice, please call 1-877-627-7745

**Return form below with check or money order payment
DO NOT SEND CASH**



Pay By Plate MA Payment Form must be included and received by the due date to ensure proper credit.

Amount Enclosed

\$

--	--	--	--	--	--	--	--	--	--

Check or money order payment. Make payable to: Commonwealth of Massachusetts
Please list your license plate and invoice number on check or money order.

License Plate: **2HVB59**
License Plate State: **MA**
Invoice Number: **115695931**

Payment Due Date	Balance Due
Immediately	\$40.40

Commonwealth of Massachusetts
EZDriveMA Payment Processing Center
P.O. Box 847840
Boston, MA 02284-7840



01156959313 000040404

Transaction Activity

Entry	Exit
-------	------

Posted*	Transaction	License Plate	Location	Date/Time **	Location	Class	Amount
07/30/2025	Non-Payment Fee	MA - 2HVB59		05/15/2025 13:50:14	Tobin Bridge Local - South	2	\$1.00
07/30/2025	Late Fee(s)	MA - 2HVB59		05/16/2025 08:10:10	Sumner Tunnel - West	2	\$1.00
07/30/2025	Invoice Fee						\$0.60
Activity for the Posting Period							\$2.60

* Posted - represents the date activity was charged to your account.

** Date/Time - represents the date and time of your travel.