



P.O. Box 191
557 4th Street
David City, NE 68632

Phone: (402) 367-3135
FAX: (402) 367-3126
Email: cityofdavidcity@alltel.net

PHONE # _____ DATE _____

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ DELINQUENT AMOUNT \$ _____

I, _____, hereby acknowledge that I am indebted to he David City Utilities in the amount of \$ _____ for utility service through _____, 20____, which the amount is now delinquent.

- I promise to make a payment of \$ _____ on _____, 20____;
- I promise to make a payment of \$ _____ on _____, 20____;
- I promise to make a payment of \$ _____ on _____, 20____;
- I promise to make a payment of \$ _____ on _____, 20____;

I also understand that if full payment is not made on any of the above mentioned dates, my utility service will be DISCONNECTED.

Signature

Received by Utility Employee

Signature

Date

