



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

Phone: (402) 367-3135
FAX: (402) 367-3126
Website: www.davidcityne.com

PHONE # _____

DATE _____

NAME _____

ACCOUNT NUMBER: _____

ADDRESS _____

DELINQUENT AMOUNT: _____

I, _____, hereby acknowledge that I am indebted to the 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

**PAYMENTS MUST BE MADE IN FULL
BY 9 A.M. IF THE OFFICE IS CLOSED PLEASE
PUT PAYMENTS IN THE DROP BOX.**