



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

Phone: (402) 367-3135  
FAX: (402) 367-3126  
Website: [www.davidcityne.com](http://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.**