



Promissory Note

Account number: _____

Customer Name: _____

Address: _____

Phone Number: _____

I _____ am in agreement that I will pay \$ _____
on _____ before 5:00 P.M. If I fail to follow this agreement my service will be
disconnected by 9:00 am the following business day. **Payment must be made in the form of Cash or
Money Order.**

NO PERSONAL CHECKS!

Reconnection Fees:

- During Normal Business Hours (M-F 8:00 A.M. – 5:00 P.M.) **\$30.00**
- Non-Business Hours (M-F after 5:00 P.M. & Saturdays, Sundays, and Holidays) **\$50.00**

In the event that Customer fails to pay according to above-stated terms. Customer (and the undersigned) agree(s) to pay costs of collection, including but not limited to all collection agency charged, attorney fees, court costs, and all other related collection expense incurred by the district.

Signature of Applicant: _____ Date: _____

Office Signature: _____ Date: _____