



# TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811  
www.conwaynh.org

## PROMISSORY NOTE

I, \_\_\_\_\_, with mailing address \_\_\_\_\_ and phone number \_\_\_\_\_ agree to reimburse the Town of Conway for General Assistance issued between \_\_\_\_\_ and \_\_\_\_\_. I agree to reimburse the Town of Conway for future general assistance disbursements, if incurred. **Payments in the form of check or money order are to be made payable to: Town of Conway, Attention Welfare Director POB 2680 Conway, NH 03818.** I promise to pay the sum of \$ \_\_\_\_\_ as follows:

- I agree to keep the following payment arrangement:  
\$ \_\_\_\_\_ per (week) (month) for a period of \_\_\_\_ (weeks) (months) beginning \_\_\_\_\_.
  
- I am expecting a judgment/settlement/other monetary payment from (who) \_\_\_\_\_ resulting from (claim type) \_\_\_\_\_ in the amount of \_\_\_\_\_. This monetary payment will be made to (myself) (my attorney) \_\_\_\_\_. If paid to myself, I agree to pay the above amount, in full, to the Town of Conway upon receipt of funds as long as funds received are sufficient to pay in full. If paid to my attorney, I hereby authorize my attorney to pay the above amount on my behalf, upon receipt, in full, to the Town of Conway.

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

State of New Hampshire  
County of Carroll, SS.

Personally appeared \_\_\_\_\_, who acknowledged the foregoing instrument by them subscribed to be their fee act and deed acting in his/her/their said capacity, this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Before me, \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_