

Rate Payer's Name: **OLUDE MONDAY**
Address: **BLOCK G {SHOP 5 }, IDDO MARKET**
Ward: **Ward A**

BILL NO: **KL272568**
Date: **08-02-2018**
Year of Billing: **2018**

Dear Sir/Ma

DEMAND NOTICE

This is to inform you of your indebtedness to LAGOS MAINLAND as noted.

Here under prompt payment would however be appreciated.

S/N	DESCRIPTION	AMOUNT
1	SHOP RATE PERMIT/LOCK-UP-SHOPS	3,000.00
	Arrears	0.00
	Penalty	0.00
	Grand Total	3,000.00
	Charges	0.00
	Total Due	3,000.00

Three Thousand naira Only

Served by: _____

Date : _____

PLEASE PAY DIRECTLY INTO THE UNDERNEATH DESIGNATED BANK, COLLECT RECEIPT AND FINAL CERTIFICATE OF PAYMENT FROM THE OFFICE OF THE COUNCIL TRASURER, WITHOUT THESE YOUR PAYMENT IS NULL AND VOID.

1. First Bank Nig Plc, Murtala
Muhammed:2004770215
2. Wema bank Plc:0120153419
3. First Bank Nig Plc, Ebute-
meta:2004849849



Council Treasurer



Revenue Co-ordinator

PLEASE PRODUCE THIS DEMAND NOTE INTACT AT THE TIME OF PAYMENT.

If payment is not made within 30days of the date of this demand notice, legal proceedings may be taken immeediately.