

Case No. 2006-00172 M7

RECEIVED

MAR 21 2006

PUBLIC SERVICE COMMISSION

INTERSTATE NATURAL GAS COMPANY

134 MIMS BRANCH  
PIKEVILLE, KY 41501  
(606) 432-0526  
Toll Free 1-800-469-0083

March 17, 2006

*Opposed to  
Rate Increase.*

NOTICE OF PROPOSED RATE CHANGE

Farm Tap Customers of Interstate Natural Gas Company

Interstate Natural Gas Company has filed a request with the Public Service Commission to increase its rates. The rates contained in this notice are the rates proposed by Interstate Natural Gas Company. The Public Service Commission may order rates to be charged that differ from the rates in this notice.

Any corporation, association, body politic, or person may file written comments or a written request for intervention within thirty (30) days of the date of this notice with the Public Service Commission, 211 Sower Boulevard, P.O. Box 615, Frankfort, KY 40602.

Copies of the request for an increase in rates may be obtained by contacting the gas company at 134 Mims Branch, Pikeville, KY 41501. A copy of the request in rates is available for public inspection at this address.

Present Rate \$5.50/Mcf	Proposed Rate \$14.44/Mcf	Estimated Monthly Increase Per Customer \$66.16
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3-20-06

Gentlemen,

*I would like to request that Interstate Natural Gas Company, not be allowed to raise their rates. We are having a hard time paying our gas bills now. I am Handicapped its very hard for me to work. I was working a second just so I could pay my gas bill. The gas is so dirty I have to clean my heater every 2 months as they stop up. I didn't think there was a shortage of Natural gas. We need to be able to live and not just live to pay our gas bills. Thank You.*

*Phyllis M. Ray*

APPLICATION FOR DISABLED PERSONS SPECIAL PARKING PERMIT

NAME: Phyllis M. Rzy PHONE: 606-437-7732  
ADDRESS: 3445 Island Creek Road Pittsville Ky. 41201  
(Street or Post Office Box) (City) (State) (Zip Code)

CHECK ONE:  Applicant now holds disabled parking license No. HP 011285  
 Applicant now holds disabled veteran license No. HV \_\_\_\_\_  
 County Clerk attests that applicant is obviously disabled in Section 2 below.  
 A licensed physician signs statement that applicant is disabled in Section 3 below.

Phyllis M. Rzy (Signature of Applicant) 400-66-2746 (Social Security Number)

Subscribed and sworn to before me this 28<sup>th</sup> day of June, 2004  
My Commission expires 1-31, 2005 Edna Jeanne Williams (Signature of Person Allowing Oath)

I hereby attest that the applicant is obviously disabled and should be issued a special parking permit.  
Signature of Clerk \_\_\_\_\_ County \_\_\_\_\_

I certify that the applicant is a person whose mobility, hearing, coordination, respiration, or perceptiveness is significantly reduced by disability to that person's ears, legs, hands, feet, arms, or eyes.

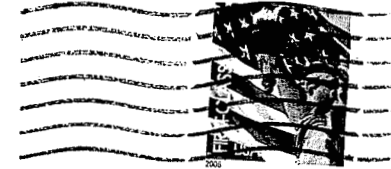
CHECK ONE: This is a  Permanent Disability  
 Temporary Disability

Signature of Licensed Physician [Signature]  
Printed Name of Physician J.M. Anselath (or) License # 33239

Previous Placard # \_\_\_\_\_ Expires \_\_\_\_\_  
New Placard # \_\_\_\_\_ Expires \_\_\_\_\_  
Replacement Reason: \_\_\_\_\_



Ms. Phyllis Ray  
3445 Island Creek Rd.  
Pikeville, KY 41501-7155



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COMMISSION

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211 Sower Boulevard  
P.O. Box 615  
Frankfort, Ky. 40602*

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