



Steven L. Beshear  
Governor

Leonard K. Peters  
Secretary  
Energy and Environment Cabinet

Commonwealth of Kentucky  
**Public Service Commission**  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, Kentucky 40602-0615  
Telephone: (502) 564-3940  
Fax: (502) 564-3460  
psc.ky.gov

David L. Armstrong  
Chairman

James W. Gardner  
Vice Chairman

Linda Breathitt  
Commissioner

November 8, 2013

John Pierce, General Manager  
Garrison- Quincy-KY-O-Heights Water District  
284 Murphy's Lane  
Garrison, Kentucky 41141

RE: Garrison- Quincy-KY-O-Heights Water District  
Case No: 2013-00350

The Commission staff has reviewed the response submitted November 8, 2013 and has determined that the application in the above case now meets the minimum filing requirements. This case has been docketed and will be processed as expeditiously as possible.

If you need further assistance, please contact my staff at 502/564-3940.

Sincerely,

A handwritten signature in cursive script that reads "Linda Faulkner".

Linda Faulkner  
Filings Division Director

LF/tw

REC

APPLICATION FOR RATE ADJUSTMENT  
BEFORE THE PUBLIC SERVICE COMMISSION

SEP

For Small Utilities Pursuant to 807 KAR 5:076  
(Alternative Rate Filing)

PUBLIC  
COMI

Garrison-Quincy-Ky-O-Heights Water District  
*(Name of Utility)*

284 Murphys Lane P.O. Box 279  
*(Business Mailing Address - Number and Street, or P.O. Box)*

Garrison, Kentucky 41141  
*(Business Mailing Address - City, State, and Zip)*

606-757-4898  
*(Telephone Number)*

BASIC INFORMATION

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

**FILED**

John Pierce  
*(Name)*

284 Murphys Lane  
*(Address - Number and Street or P.O. Box)*

Garrison, Ky. 41141  
*(Address - City, State, Zip)*

606-757-4898  
*(Telephone Number)*

garrisonwater@windstream.net  
*(Email Address)*

NOV 8 2013

PUBLIC SERVICE  
COMMISSION

(For each statement below, the Applicant should check either "YES" or "NO".)

- |   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant's records are kept separate from other commonly-owned enterprises.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |