

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: Electric Plant Board of the City of Hopkinsville, dba Hopkinsville Electric System

Physical Address of Principal Office: Street: 1820 East 9th Street

City: Hopkinsville State: KY Zip: 42240

Primary Contact: Name: Richard Shaw Title: Telecommunications Manager

Phone: 270-887-0762 Fax: _____

E-Mail: rshaw@hop-electric.com

Person Responsible for Answering Consumer Complaints: Name: Leslie Washington Title: Customer Service Manager

Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

Phone: 270-887-4203 Fax: _____

In accordance with KRS 278.542 (2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, Richard Shaw, Telecommunications Manager, on behalf of Electric Plant Board of the City of Hopkinsville, dba Hopkinsville Electric System do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 30th day of August, 2021.

UTILITY: Electric Plant Board of the City of Hopkinsville, dba Hopkinsville Electric System

BY: _____

STATE OF Kentucky
COUNTY OF Christian

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 30th day of August, 2021.

Lesley D. Cantler
NOTARY PUBLIC

RECEIVED

9/1/2021

My Commission Expires: June 1, 2022

PUBLIC SERVICE
COMMISSION
OF KENTUCKY