

Form for filing Rate Schedules

North Logan Water District
Name of Issuing Corporation

FOR: _____
Community, Town or Ci
P.S.C. NO. _____
SHEET NO. _____
CANCELLING P.S.C. NO. _____
SHEET NO. _____

CLASSIFICATION OF SERVICE

R
PER

Equal Deposits

(Insert above: Business/Commercial or residential or all) Customers will pay equal deposits in the amount of \$ 30⁰⁰. This amount does not exceed the average bill of residential customers served by the Company and is equal to 2/12 of the average annual bill. [3/12 where bills are rendered bimonthly or 4/12 where bills are rendered quarterly.]

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

MAR. 22 1995

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)

BY: Jordan C. Neel
FOR THE PUBLIC SERVICE COMMISSION

C10/99

DATE OF ISSUE _____
ISSUED BY: James Simon
Name of Officer

DATE EFFECTIVE _____
TITLE: Comm. - Treat