

HARRISON COUNTY WATER ASSOCIATION, INC.
P.O. BOX 215
CYNTHIANA, KENTUCKY 41031
PHONE 234-4284

NEW USER
APPLICATION FOR WATER SERVICE

DATE _____

NAME _____

STREET, P.O. BOX, OR ROUTE _____

CITY _____ STATE _____ ZIP _____

CANCELLED

November 1, 2024

**KENTUCKY PUBLIC
SERVICE COMMISSION**

This service will service the property located at: _____

I the undersigned, agree to make a deposit of \$ _____
(2/12th estimated annual bill) and agree to pay all legal charges
involved in obtaining water service and understand that each
monthly water charge is due by the 17th of the month and that
failure of receiving a monthly statement does not relieve me of the
obligation of payment of the water charges on time. In
consideration for the Harrison County Water Association providing
water to me, by signing hereon, I obligate myself to pay no less
that 18 consecutive months minimum bill as set forth in the tariff
of the Harrison County Water Association. I also bind myself to
abide by the Tariff, By-Laws, and Rules and Regulations of the
Harrison County Water Association, Inc.

I also understand that if the water service is disconnected for
non-payment that a re-connect fee of \$25.00 will have to be paid in
addition to all indebtedness before water service is turned back
on.

I further agree to be liable for each and every month of water
usage until I notify the Harrison County Water Association, Inc.
that I wish to have my water service disconnected.

Signature

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

APR 27 2000

EXHIBIT "C"

PURSUANT TO 807 KAR 5:011,
SECTION 9(1)
BY: Stephan Bull
SECRETARY OF THE COMMISSION