

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

REGULAR
APPLICATION FOR WATER SERVICE

DATE: _____

NAME _____

STREET, P.O. BOX, OR ROUTE _____

CITY _____ STATE _____ ZIP _____



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.

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 discontinued. Also, I bind myself to abide by the Tariff, By-Laws, and Rules and Regulations of the Harrison County Water Association, Inc.

Signature _____

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE EXHIBIT "B"

APR 27 2000

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