		Fo	r:	
		PS	C KY Number: _	
				Sheet No.
		Cancelling PSC KY Number:		
(Name of Utility)				Sheet No.
DISCONTINUANCE OF WATER SE	ERVICE FOR NON-PAYM	ENT OF SEWER	SERVICE.	
This water utility has entere service to an applicant or conserved utilities:				
Any agreement(s) for such au	ithorization is on file wi	ith the Public Se	ervice Commissi	on.
When the water utility disco given at least 5 days' written less than 20 days after the ma	notice of termination, s	separate from t		
If prior to discontinuance o	of water corvice a resi	idential custom	or procents to	the water utility a writte
certificate signed by a physical aggravate an existing illness made until the affected residence from the date of the utility's residence.	sician, registered nurse s or infirmity on the aff dent can make other li	e, or public he fected premise	ealth officer, the s in which case	at such discontinuance wi discontinuance may not b
DATE OF ISSUE	Month / Day / Year			
DATE EFFECTIVE				
ISSUED BY				
TITLE				
BY AUTHORITY OF ORDER OF TH	HE PUBLIC SERVICE CO	OMMISSION		
IN CASE NO	DATED			