



Steven L. Beshear
Governor

Leonard K. Peters
Secretary
Energy and Environment Cabinet

Commonwealth of Kentucky
Public Service Commission
211 Sower Blvd.
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Frankfort, Kentucky 40602-0615
Telephone: (502) 564-3940
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psc.ky.gov

David L. Armstrong
Chairman

James W. Gardner
Vice Chairman

Linda Breathitt
Commissioner

November 26, 2012

Angela Baker
West Carroll Water District
P. O. Box 45
Carrollton, KY 41008

Vickie Edwards, Chairperson
West Carroll Water District
P. O. Box 45
Carrollton, KY 41008

Chastity Robbins, Finance Officer
West Carroll Water District
P. O. Box 45
Carrollton, KY 41008

RE: West Carroll Water District
Case No. 2012-00433

The Commission Staff has reviewed West Carroll Water District's response to the filing deficiencies in the above case and finds the minimum filing requirements were met upon receipt of the original on November 26, 2012.

This case has been docketed and will be processed as expeditiously as possible. If you need further assistance, please contact my staff at 502-564-3940.

Sincerely,

A handwritten signature in cursive script that reads "Linda Faulkner".

Linda Faulkner
Filings Division Director

SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY

APPLICATION FOR RATE ADJUSTMENT
BEFORE THE PUBLIC SERVICE COMMISSION

FILED

For Small Utilities Pursuant to 807 KAR 5:076
(Alternative Rate Filing)

NOV 26 2012

PUBLIC SERVICE
COMMISSION

WEST CARROLL WATER DISTRICT
(Name of Utility)

P O BOX 45
(Business Mailing Address - Number and Street, or P.O. Box)

CARROLLTON, KY 41008
(Business Mailing Address - City, State, and Zip)

(502) 732-7055
(Telephone Number)

BASIC INFORMATION

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

CHASTITY ROBBINS, FINANCE OFFICER
(Name)

P O BOX 45
(Address - Number and Street or P.O. Box)

CARROLLTON, KY 41008
(Address - City, State, Zip)

(502) 732-1216
(Telephone Number)

CROBBINS@CARROLLTONUTILITIES.COM
(Email Address)

(For each statement below, the Applicant should check either "YES" or "NO".)

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant's records are kept separate from other commonly-owned enterprises. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |