

For: \_\_\_\_\_

PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

Cancelling PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

\_\_\_\_\_  
*(Name of Utility)*

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**AMENDMENTS TO RULES AND REGULATIONS**

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DATE OF ISSUE \_\_\_\_\_  
*Month / Day / Year*

DATE EFFECTIVE \_\_\_\_\_  
*Month / Day / Year*

ISSUED BY \_\_\_\_\_  
*(Signature of Officer)*

TITLE \_\_\_\_\_

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION  
IN CASE NO. \_\_\_\_\_ DATED \_\_\_\_\_