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## APPLICATION FOR RATE ADJUSTMENT BEFORE THE PUBLIC SERVICE COMMISSION

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

	( memaline reals a mig)	
	Bullock Pen Water District	
	(Name of Utility)	
	P.O. Box 188	
_	(Business Mailing Address - Number and Street, or P.O. Box.)	
	Crittenden, KY 41030-0188	
	(Business Mailing Address - City, Stale, and Zip)	
-	(859) 428-2112	
	(Telephone Number)	
	BASIC INFORMATION	
NAME	E, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom corre	snondence or
	munications concerning this application should be directed:	oporiderioe or
	Paul Harp	
	(Name)	
	P.O. Box 188	
	(Address - Number and Street or P.O. Box)	
	Crittenden, KY 41030-0188	
	(Address - City, State, Zip)	
	(859) 428-5341	
	(Telephone Number)	
	pharp@bpwd.org	
	(Email Address)	
	(For each statement below, the Applicant should check either "YES", "NO", or	
	"NOT APPLICABLE" (N/A))	YES NO N/A
1. a	In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in	
	gross annual revenue.	
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.	
	group dimindal rotorido montano division for timon di dio dajabinone lo dodagni.	
2. a	Applicant has filed an annual report with the Public Service Commission for the past	
	year.	
b	Applicant has filed an annual report with the Public Service Commission for the two	
	previous years.	
3.	Applicant's records are kept separate from other commonly-owned enterprises.	

YES NO N/A

4.	a.	Applicant is a corporation that is organized under the laws of the state of, is authorized to operate in, and is in good standing in the state of Kentucky.	
	b.	Applicant is a limited liability company that is organized under the laws of the state of, is authorized to operate in, and is in good standing in the state of Kentucky.	
	C.	Applicant is a limited partnership that is organized under the laws of the state of, is authorized to operate in, and is in good standing in the state of Kentucky.	
	d.	Applicant is a sole proprietorship or partnership.	
	e.	Applicant is a water district organized pursuant to KRS Chapter 74.	
	f.	Applicant is a water association organized pursuant to KRS Chapter 273.	
5.	a.	A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.	
	b.	An electronic copy of this application has been electronically mailed to Office of Rate Intervention, Office of Attorney General at rateintervention@ag.ky.gov.	
6.	a.	Applicant has 20 or fewer customers and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	
	b.	Applicant has more than 20 customers and has included written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	
	C.	Applicant has more than 20 customers and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	
7.		Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." (Attach completed "Reasons for Application" Attachment.)	

YES NO	N/A
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8.	Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." (Attach completed "Current and Proposed Rates" Attachment.)	
9.	Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31,	
10.	Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." (Attach a completed copy of appropriate "Statement of Adjusted Operations." Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.)	
11.	Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$	
12.	As of the date of the filing of this application, Applicant hadcustomers.	
13.	A billing analysis of Applicant's current and proposed rates is attached to this application. (Attach a completed "Billing Analysis" Attachment.)	
14.	Applicant's depreciation schedule of utility plant in service is attached. (Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.)	
15. a.	Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.	
b.	Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).	
C.	Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.	

		YES NO N/A
16. a.	Applicant is not required to file state and federal tax returns.	
b.	Applicant is required to file state and federal tax returns.	
C.	Applicant's most recent state and federal tax returns are attached to this Application. (Attach a copy of returns.)	
17.	Approximately(Insert dollar amount or percentage of total utility plant) of Applicant's total utility plant was recovered through the sale of real estate lots or other contributions.	₫□
18.	Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires to complete such form.	
5:076 a	By submitting this application, the Applicant consents to the procedures set fortand waives any right to place its proposed rates into effect earlier than six months from the application is accepted by the Public Service Commission for filing.	
	I am authorized by the Applicant to sign and file this application on the Applicant's be ompleted this application, and to the best of my knowledge all the information co ation and its attachments is true and correct.	ntained in this
	Signed Officer of the Company/Authorized Rep	
	Chairman Charles C	
	Title Chairman Charles G	
	Date 12/8/2022	
COMM	MONWEALTH OF KENTUCKY	
COUN	TY OF Grant	
applic	Before me appeared  Charles Givin  , who after being duline/she had read and completed this application, that he/she is authorized to sign ation on behalf of the Applicant, and that to the best of his/her knowledge all tined in this application and its attachments is true and correct.  Notary Public  My commission expires:	and file this
	WARE TO A DESCRIPTION OF THE PROPERTY OF THE P	g

KIMBERLY R PRICE

Notary Public - State at Large

State of Kentucky

Notary ID #KYNP13015

My Commission Expires Sep. 19, 2024

## LIST OF ATTACHMENTS (Indicate all documents submitted by checking box)

Customer Notice of Proposed Rate Adjustment
☑ "Reasons for Application" Attachment"
✓ Current and Proposed Rates" Attachment
Statement of Adjusted Operations" Attachment
"Revenue Requirements Calculation" Attachment
Attachment Billing Analysis" Attachment
✓ Depreciation Schedules
Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.)
State Tax Return
Federal Tax Return
✓ Statement of Disclosure of Related Party Transactions - ARF Form 3