| | | | | THE RESERVE AND ADDRESS OF THE PARTY OF THE |
|---|-------------|------------|-------------|---|
| 1 | CUSTOMER | NUMBER 1 | 30-04320-01 | |
| 1 | CUSTON | MER NAME | | |
| | SERVICE | ADDRESS | | |
| | SER From | VICE To | No. of Days | Due Date |
| | 11/21/23 | 12/19/23 | 28 | 01/08/2024 |

Magoffin County Water District PO Box 490 Salyersville, KY 41465

Phone: (606) 349-6812

Office Hours: Mon-Fri 8:00 - 4:00

| SERVICE | √IOUS READING | PRESENT READING | AMOUNT USED | AMOUNT |
|----------|---------------|-----------------|-------------|--------|
| WATER | 4173 | 4213 | 40 | 36.12 |
| SCHL TAX | 0 | 0 | 0 | 1.08 |

TOTAL CURRENT CHARGES

\$37.20

Should your bill reflect a previous balance, payment of previous balance is due immediately.

Failure to pay the previous balance may result in an interruption of service. Due date applies only to Current Bill.

If you have reason to believe that amount of charges are in error, please contact our office immediately.

MESSAGE AREA

TO REPORT ANY WATER PROBLEMS AFTER HOURS OR WHEN OUR OFFICE IS CLOSED PLEASE USE OUR EMERGENCY NUMBER: (606) 496-8155

Bills not paid 10 days after due date of each month are subject to disconnect without future notice. Failure to receive a bill does not relieve a customer of payment of penalty. A delinquent fee will be charged on all disconnects. Schedule of applicable rates, rules and regulations are available at our office.

THERE WILL BE A RETURN CHECK CHARGE FOR \underline{ALL} RETURNED CHECKS.

Pressure Regulators Recommended

PLEASE BRING YOUR ENTIRE BILL WHEN PAYING IN PERSON

If your phone number or address has recently changed, please contact our office @ (606) 349-6812 to update your account.

* Emergency Contact Numbers*

1-606-496-7641

1-606-207-8478

1-606-369-0803

PLEASE KEEP TOP PORTION FOR YOUR RECORDS

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

Magoffin County Water District

PO Box 490 Salversville, KY 41465

Phone: (606) 349-6812 * Office Hours: Mon-Fri 8:00 - 4:00

RETURN SERVICE REQUESTED



դրդակորեսի իրիրի իրիրանի երիրի երերի

| CUSTOMER NUMBER | 130-04320-01 |
|-------------------------------|--------------|
| TOTAL AMOUNT DUE | \$37.20 |
| TOTAL AMOUNT DUE ON OR BEFORE | 01/08/2024 |
| AMOUNT DUE AFTER DUE DATE | \$40.81 |

Please check this box if your address is incorrect and indicate any change(s) on the reverse side.

Magoffin County Water District PO Box 490 Salyersville, KY 41465-0490

