

**RICHARDSVILLE GAS COMPANY, INC.**

**P. O. Box 9675; Bowling Green, KY 42101**

**270-842-9491**

August 14, 2009

RECEIVED

AUG 17 2009

PUBLIC SERVICE  
COMMISSION

Public Service Commission  
211 Sower Blvd.  
P. O. Box 615  
Frankfort, KY 40602-3460

Mr. Jeff Derouen, Executive Director

Enclosed please find the information required by the Public Service Commission, Case No. 2009-00123 to enact the approved rate increase.

1. A copy of Rates and Charges reflecting the approved rates.
2. A copy of the Gas Cost Adjustment Clause
3. A copy of proof we opened a separate bank account for deposit and disposition of the propane surcharge money.

If there are any questions or additional materials needed please contact me at 270-842-9427.

Sincerely,



L. Joan Miller

S CENTRAL BK OF BOWLING GREEN  
1757 CAMPBELL LANE  
BOWLING GREEN, KY 42104

ACCOUNT NUMBER 08 PORTFOLIO NUMBER 400002291

ACCOUNT OWNER(S) NAME & ADDRESS  
RICHARDVILLE GAS CO INC  
  
P O BOX 9675  
BOWLING GREEN, KY 42102

**OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE**  
 INDIVIDUAL  \_\_\_\_\_  
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)  
 JOINT - NO SURVIVORSHIP (as tenants in common)  
 TRUST - SEPARATE AGREEMENT:  
  
 REVOCABLE TRUST OR  PAY-ON-DEATH  
DESIGNATION AS DEFINED IN THIS AGREEMENT  
Name and Address of Beneficiaries:  
  
**COPY**

NEW  EXISTING  
TYPE OF ACCOUNT  CHECKING  SAVINGS  
 MONEY MARKET  CERTIFICATE OF DEPOSIT  
 NOW  \_\_\_\_\_  
This is your (check one): BUSINESS MONSTER MONEY MARKET  
 Permanent  Temporary account agreement.

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**  
 SOLE PROPRIETORSHIP  
 CORPORATION:  FOR PROFIT  NOT FOR PROFIT  
 PARTNERSHIP  
 \_\_\_\_\_  
BUSINESS: \_\_\_\_\_  
COUNTY & STATE OF ORGANIZATION: \_\_\_\_\_  
AUTHORIZATION DATED: \_\_\_\_\_

Number of signatures required for withdrawal 1 (ONE)  
FACSIMILE SIGNATURE(S) ALLOWED?  YES  NO

[ X ]

DATE OPENED 08/14/2009 BY CHERIE MADISON  
INITIAL DEPOSIT \$ 0.00  
 CASH  CHECK  \_\_\_\_\_  
HOME TELEPHONE # \_\_\_\_\_  
BUSINESS PHONE # \_\_\_\_\_  
DRIVER'S LICENSE # M93-117-077  
E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
MOTHER'S MAIDEN NAME \_\_\_\_\_  
Name and address of someone who will always know your location: \_\_\_\_\_

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Deposit Account  Funds Availability  Truth in Savings  
 Electronic Fund Transfers  Privacy  Substitute Checks  
 \_\_\_\_\_

**BACKUP WITHHOLDING CERTIFICATIONS**  
TIN: 61-0933279  
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  
 B ACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.  
 EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.  
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).  
X Joan Miller 8-11-09  
AUTHORIZED INDIVIDUAL (Date)

(1): [ X ] Preston G. Miller  
PRESTON GLENN MILLER  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [ X ] Joan Miller  
L JOAN MILLER  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3): [ X ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4): [ X ]  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Authorized Signer (Individual Accounts Only)  
[ X ]  
I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

FOR Richardsville, KY  
Community, Town or City

P.S.C. KY. NO. 1

Original SHEET NO. 1

Richardsville Gas Co. Inc.  
(Name of Utility)

CANCELLING P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

Applicable to All Customers RATES AND CHARGES

**BASE GAS RATES**

RATE CLASSIFICATION	BASE RATE
First 2 MCF	\$ 5.65 Minimum bill
Over 2 MCF	\$ 2.41 per MCF

**GAS COST**

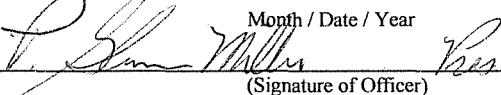
Per MCF \$ 2.50

**PROPANE SURCHARGE**

Per Month \$ 5.70

DATE OF ISSUE August 5, 2009  
Month / Date / Year

DATE EFFECTIVE \_\_\_\_\_

ISSUED BY   
Month / Date / Year  
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION  
IN CASE NO. 2009-00123 DATED 8-10-09

FOR Richardsville, KY  
Community, Town or City

P.S.C. KY. NO. 1

Original SHEET NO. 2

~~Richardsville Gas Co., Inc.~~  
(Name of Utility)

CANCELLING P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

RATES AND CHARGES

GAS COST ADJUSTMENT CLAUSE

The rates authorized herein are based upon the wholesale cost of natural gas to Richardsville Gas Company, Inc. as computed using rates of its wholesale supplier currently in effect and the cost of propane using current market cost. In the event there is an increase or decrease in wholesale gas cost, Richardsville Gas Company, Inc. shall file with this Commission the following information within 30 days:

1. A copy of the contract or wholesale supplier notification effecting the change in rate and a statement relative to the effective date of such proposed change.
2. A statement setting out gas sales for the most recent 12 months.
3. A statement setting out the details of gas purchased for the most recent 12 months showing billing from the supplier under the most recent rate and under the proposed supplier rate. The difference between the amounts so determined shall be divided by Richardsville Gas Company, Inc. sales for the most recent 12 months, provided Richardsville Gas Company, Inc. line loss for the same 12 month period does not exceed 5%. If lines loss exceeds 5% the difference shall be divided by allowable sales calculated as (purchased x .95).
4. A signed and dated tariff sheet showing Richardsville Gas Company, Inc. proposed rates for service based on the change in supplier rate. An increase in rates shall not be effective with less than 30 days notice unless a waiver is requested and granted.
5. Such other information as this Commission may request for a proper determination of the purchased gas adjustment.

In the event that Richardsville Gas Company, Inc. received from its supplier a refund, bill adjustment, or credit of amount paid to such supplier in respect of a prior period, Richardsville

DATE OF ISSUE August 5, 2009  
Month / Date / Year

DATE EFFECTIVE \_\_\_\_\_

ISSUED BY [Signature] \_\_\_\_\_  
Month / Date / Year  
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION  
IN CASE NO. 2009-00123 DATED 8-10-09

FOR Richardsville, KY  
Community, Town or City

P.S.C. KY. NO. 1

Original SHEET NO. 3

Richardsville Gas Co. Inc.  
(Name of Utility)

CANCELLING P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

---

RATES AND CHARGES

---

Gas Company, Inc. will apply to the Commission within 30 days for authority to make adjustments on the rates charged to its customers under this provision as follows:

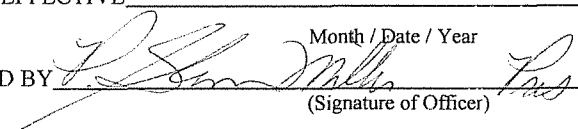
1. The "refundable amount" shall be the amount received by Richardsville Gas Company, Inc. as a refund. Such refundable amount shall be divided by the MCF of gas that Richardsville Gas Company, Inc. estimates it will sell to its customers during the four month period commencing with the first day of the month following receipt of the refunds, thus determining a "refund factor".
2. Upon Commission approval, Richardsville Gas Company, Inc. will reduce the refund factory any purchased gas adjustment that would otherwise be applicable during such period.
3. In the event of any large or unusual refunds, Richardsville Gas Company, Inc. may apply to the Commission for the right to depart from the refund procedure herein set forth.

Upon receipt of the required information, the Commission shall review the proposed increase, reduction, or refunds and, within 30 days from receipt of the information required, issue its order setting out the proper revised rates or otherwise acting to investigate or suspend the proposed rates.

---

DATE OF ISSUE August 5, 2009  
Month / Date / Year

DATE EFFECTIVE \_\_\_\_\_  
Month / Date / Year

ISSUED BY   
(Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION  
IN CASE NO. 2009-00123 DATED 8-10-09