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MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION	P.S.C. No. 8 Sheet No. 13 Cancelling E.R.C. No. 7 Sheet No. New
CLASSIFICAT	ION OF SERVICE
	RATE PER UNIT
BILL FORM - Late Not	ice/Disconnect Notice
MEADE COUNTY RURAL ELECTRIC COOP. CORP.	PAST DUE
P.O. BOX 489 Brandenburg, Kentucky 40108-0489 502-422-162	NOTICE
OFFICE HOURS: 7:30 TO 4:30 MONDAY - FRIDAY	,
BILLING DEPT., BRANDENBURG - (502) 422-3545 HARDINSBURG - (502) 756-5172	TE OF THIS NOTICE DATE BILL WAS DUE ACCOUNT NUMBER
ACCOUNT NUMBER SERVICE ADDRESS	AMOUNT DUE TOTAL AMOUNT DELINQUENT
ACCORDING TO OUR RECORDS, YOUR ELECTRIC SERVICE BILL OF THE ARROY E DATE AND THIS MAY BE AN OVERSIGHT ON YOUR PART. IF SO, PLEASE ACCEPT TIME AS A FRIENDLY REL NOT PAID BY IT WILL BE HECESBARY TO DISPATCH TIME YOU WILL BE CHARGED AN ADDITIONAL SERVICE CHARGE.	FOR THE ARDYE AMOUNT IS NOW PAST DUE
THIS IS YOUR FINAL NOTICE — BEAVICE WILL BE DISCONTINUED WITHOUT FU	THEN NOTICE IF NOT PAID IN THE TIME SPECIFIED
	PLEASE MAKE CHECK
** ***	See Reverse Side for Member's OR MONEY ORDER PAYABLE TO:
	Rights & Remedies Regarding This Notice. MEADE COUNTY RURAL
1	ELECTRIC COOP. CORP.: PLEASE RETURN THIS STUB
IF YOU HAVE PAID YOUR BILL SINCE DUE DATE,	
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Notice is hereby alver that	TICE OF TERMINATION OF UTILITY SERVICE
policy for non-pnyment of ye Sarvice will be terminated	ur utility bill. on the date indicated unless you deliver to this office or the serviceman snet to terminate your our delinquent bill as shown on the enclosed notice. It you elect to pay the serviceman sent to
terminate your service, a ser	ice charge as indicated on the enclosed notice will be added to the above bill. The discontinuous of this service by contacting the conversity office at the address or phone.
militat Appearing on the a aiswer your qualitions regin to retain your assivice by neg meeting your financial oblig	clased notice. There will be on duty during the published hous of exception an employee to ling your bill or to reader eligibles over the amount of your bill. This employee has the multiculty slinking a partial payment plan or by accepting a partial payment where good fault is shown in
You are further advised th within thirty (30) days after nurse, or apublic health	rt in the event of existing illness or infirmity on your premises, service will not be discontinued se date of this notice, provided that you obtain a certificate signed by a physician, a register of alsaling that in the opinion of the person making the certification that descontinuance of service
may qualify for such assista known assistance programs	igrams are available which provide thencial assistance in payment of utility bills for these who counder certain conditions. Mentle Gounty R.E.C.G. will, upon request, make available a lect of or yournay call the Kenticky Association for Community Action, inc. at 1800-456-3452 or the
Department of Human Reso	PUBLIC SERVICE COMMISSION
	OF KENTUCKY EFFECTIVE
	AUG 24 1992
	PURSUANT TO 807 KAR 5:011 SECTION 9 (1)
DATE OF ISSUE 1 102-01 1000	DATE EFFECTIVE DV. How was the little

FOR Entire Territory Served

ISSUED BY July 24, 1992() DATE EFFECTIVE BAUGUST TITLE Manager Service Commission MANACC?

Issued by authority of an Order of the Public Service Commission of Kentucky in Case No. _____ dated ______.