

FOR ENTIRE AREA SERVED
Community, Town or City

SALT RIVER ELECTRIC COOP. CORP. P.S.C. No. 10
NAME OF ISSUING CORPORATION

Original Sheet No. 25

Canceling P.S.C. No. 9
Sheet No. _____

RULES AND REGULATIONS

F. Bill Format- The bill format shall be included in the tariffed rules.

SALT RIVER ELECTRIC COOPERATIVE CORPORATION 111 West Brashear Ave., P.O. Box 609 Bardstown, Kentucky 40004-0609		SALT RIVER ELECTRIC COOPERATIVE CORPORATION 111 West Brashear Ave., P.O. Box 609 Bardstown, Kentucky 40004-0609		Presorted First Class Mail U.S. Postage Paid 1oz. Permit No. 1 Bardstown, KY 40004-0609																																	
<table border="1"> <tr> <th>From Reading</th> <th>To Reading</th> <th>KWH Multiplier</th> <th>KWH Used</th> <th>Amount \$</th> <th>C</th> <th>R</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		From Reading	To Reading	KWH Multiplier	KWH Used	Amount \$	C	R								FORWARDING AND ADDRESS CORRECTION REQUESTED WINTERCARE CONTRIBUTION _____ CYCLE _____ \$ _____																					
From Reading	To Reading	KWH Multiplier	KWH Used	Amount \$	C	R																															
FUEL RATE PER KWH <table border="1"> <tr> <th>BC</th> <th>CL</th> <th>THIS STATEMENT IS FOR CONSUMPTION THROUGH</th> <th>Mo</th> <th>Day</th> <th>Yr</th> <th>Net Bill \$</th> <th>C</th> <th>R</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		BC	CL	THIS STATEMENT IS FOR CONSUMPTION THROUGH	Mo	Day	Yr	Net Bill \$	C	R										<table border="1"> <tr> <th>Account Number</th> <th>Gross Bill \$</th> <th>C</th> <th>R</th> <th>Net Bill \$</th> <th>C</th> <th>R</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Account Number	Gross Bill \$	C	R	Net Bill \$	C	R							
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<table border="1"> <tr> <th>Billing Date Mo.</th> <th>Day</th> <th>Yr.</th> <th>PREVIOUS READING</th> <th>METER NUMBER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Billing Date Mo.	Day	Yr.	PREVIOUS READING	METER NUMBER						RETURN THIS PORTION Next Read Date Map Location CUSTOMER'S NAME & ADDRESS																									
Billing Date Mo.	Day	Yr.	PREVIOUS READING	METER NUMBER																																	
Location Number _____ Account Number _____ DUE DATE ON THIS BILL DOES NOT APPLY TO PRIOR BILLINGS CONTRIBUTE TO WINTERCARE SAVE THIS PORTION OF BILL FOR YOUR RECORDS																																					

24-Hour Emergency Outage Number 1-800-221-7465

Office Locations	Office Hours	Phone
Bardstown Office	8:00 AM - 5:00 PM	(502) 348-3931
Shepherdsville Office	8:00 AM - 4:30 PM	(502) 543-3083
Springfield Office	8:30 AM - 12:00 PM 1:00 PM - 4:30 PM	(502) 955-8732 (606) 336-5080
Taylorville Office	8:30 AM - 12:00 PM 1:00 PM - 4:30 PM	(502) 477-5133

All Offices are Closed Saturday, Sunday and Holidays



SALT RIVER ELECTRIC COOPERATIVE CORPORATION
 111 West Brashear Avenue
 P.O. Box 609
 Bardstown, Kentucky 40004-0609

- When reporting outages or inquiries, give your location number, your account number, and your phone number.
- Statement is due and payable on receipt.
- Gross bill includes 5% penalty. To avoid additional expense, pay your bill prior to the delinquent date indicated on this bill.
- Failure to receive bill does not avoid payment.
- Late payments may not be reflected on this billing.
- If payment is not received after 27 days of mailing of the original bill, account will be subject to disconnect. Past due bills are subject to collection or disconnect with total bill and all applicable deposits and charges paid in full before service is restored.
- Please register any inquiry about your bill prior to the due date.
- Rate schedules and an explanation of how to compute your bill including fuel charges is available upon request.
- State Sales Tax and/or School Tax and/or Town Tax included when applicable.

CODES	
R	Regular Bill
M	Minimum Bill
E	Estimated Bill
F	Final Bill
A	Annual or Seasonal
S	Security Light Only
K	KVA Minimum
N	New Account
C	Changed Meter
"C" in Cr Column denotes a credit or a credit balance	
I	Inactive with Balance
B	Budget Billing
P	Process of Adjusting your account if you have had an estimated Billing
T	ETS Rate

Now is the time for Electric Thermal Storage, Heating System

- * Warm, Clean, Efficient
- * 40% Electric Discount
- * Rebate up to 40%

Give us a call. **PUBLIC SERVICE COMMISSION OF KENTUCKY EFFECTIVE**

Format Style: Postcard
 Size of Postcard shown: 73% of Original Size

JAN 11 1993

Date of Issue September 1, 1992
 Issued By *Serge E. Hanson*
 Name of Officer

PURSUANT TO 807 KAR 5:011, SECTION 9 (1)
 Date Effective October 1, 1992
 Title *General Manager*
 PUBLIC SERVICE COMMISSION MANAGER