

Form For Filing Rate Schedules
Corinth Water District
 Name of Issuing Corporation

P. S. C. KY No. 0410662
 Canceling PSC KY 2003-00392

CLASSIFICATION OF SERVICE

	<u>RATE</u>	<u>SCHEDULE</u>
<u>Monthly Water Rates</u>		
First 1000 Gallons	\$14.27	(Minimum Bill)
Next 4000 Gallons	10.39	Per 1000 Gallons
Next 5000 Gallons	9.25	Per 1000 Gallons
Over 10,000 Gallons	8.11	Per 1000 Gallons
Truck Loading Station	5.75	Per 1000 Gallons
5/8" X 3/4" Meter Connection Fee	\$ 800.00	
1" Meter Connection	1000.00	
Larger Connection Fee	Actual Cost	
Deposit-Residential	80.00	
Deposit-Business	120.00	
Disconnection/Reconnection	44.00	
Disconnection/Reconnection (After Hours)	63.00	
Service Call/Investigation	40.00	
Service Call/Investigation (After Hours)	57.00	
Meter Test Request	50.00	
Return Check Charge	34.00	
Late Charge Rate	18% Monthly	
Credit Card Payment	Actual Cost	

Cancelled August 17,
 2010. See previous page
 for monthly water rates.

CANCELLED

May 25, 2022

**KENTUCKY PUBLIC
 SERVICE COMMISSION**

All customers may pay their bills by credit/debit card. This method of payment may be made in person at the office or by phone. If, on the bill due date, an attempt to pay by credit/debit card is made and the card is declined for any reason, payment is still due in full on that date and will be considered late after that date. All late charges and penalties will be applied. If a customer is paying on our disconnect day and the card is declined, the same rules as above apply, in addition to service being disconnected.

When a customer makes a payment by credit card, the utility will assess a fee equal to that charges to the utility by the credit/debit card processing company to process the transaction. This fee is generally calculated using a formula applied to the balance of the amount charged to the credit/debit account but may be a flat fee per transaction. Prior to processing the transaction, the customer will be informed of the fee amount and upon request by the customer, the formula employed to arrive at this fee amount.

DATE OF ISSUE: _____ DATE EFFECTIVE: 6/11/2009

ISSUED BY: [Signature] TITLE: Chairman

Name of Officer: _____ EFFECTIVE: 6/11/2009

Issued by authority of an Order of the Public Service Commission of KY in _____ PURSUANT TO 807 KAR 5:011

Case No.: 2009-00025 Dated: 6/11/2009 SECTION 9 (1)

By: [Signature] Executive Director