

**ELKHORN WATER DISTRICT
P.O. BOX 67
FRANKFORT, KY 40602
502-695-4431**

CANCELLED

May 15, 2018

**KENTUCKY PUBLIC
SERVICE COMMISSION**

PAYMENT PLAN

Name: _____

Address: _____

Address: _____

Account Number: _____

Date: _____

Current monthly usage bill will be paid every month by the 15th of the month. In addition, _____ extra will be paid every month by the 15th of the month until the complete bill is paid.

If the current usage payment and extra payment are received every month as agreed, Elkhorn Water District agrees to waive late fees on the past due amount and to not disconnect the water service.

This contract must be completed within three (3) months unless otherwise approved by the Board of EWD.

Comments or extra information:

Account Holder Signature

Date

Elkhorn Water District
Signature

Date

**KENTUCKY
PUBLIC SERVICE COMMISSION**

**Talina R. Mathews
EXECUTIVE DIRECTOR**

Talina R. Mathews

EFFECTIVE

10/14/2016

PURSUANT TO 807 KAR 5:011 SECTION 9 (1)