

FOR _____
Community, Town or City
P.S.C. NO. _____
SHEET NO. _____
CANCELLING P.S.C. NO. _____
SHEET NO. _____

North LOGAN WATER DISTRICT
Name of Issuing Corporation

CLASSIFICATION OF SERVICE

RATE
PER UNIT

Equal Deposits

ALL CUSTOMERS

(Insert above: Business/Commercial or residential or all) Customers will pay equal deposits in the amount of \$ 30⁰⁰. This amount does not exceed the average bill of residential customers served by the Company and is equal to 2/12 of the average annual bill. [3/12 where bills are rendered bimonthly or 4/12 where bills are rendered quarterly.]

*This Deposit is about 2/12 of The
Average ANNUAL Bill*

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

JUN 26 1992

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

DATE OF ISSUE May 23, 1992
ISSUED BY SC [Signature]

DATE EFFECTIVE [Signature]
TITLE PUBLIC SERVICE COMMISSION MANAGER

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

C 3-95

Date _____, 19__

Amount Due _____

Pay Gross Amn't. _____

After Due Date _____

Net Total _____

Gross Amn't. _____

Please read meter by the 6th and bring entire bill to Patricia Bogle, 5413 Lewisburg Road, Russellville, KY, or mail this stub with payment.

NORTH LOGAN WATER DISTRICT NO. 1
RUSSELLVILLE, KENTUCKY 42276

DATE _____, 19__

Present Reading _____ Gals.

Previous Reading _____ Gals.

Water Used _____ Gals.

Water ----- \$ _____

Applicable Tax --- _____

Previous Balance -- _____

Total Due ----- \$ _____

10% added if not paid by 6th of month. Services will be discontinued if bill is not paid by 17th.

Date _____, 19__

Amount Due _____

Pay Gross Amn't. _____

After Due Date _____

Net Total _____

Gross Amn't. _____

Please read meter by the 6th and bring entire bill to Patricia Bogle, 5413 Lewisburg Road, Russellville, KY, or mail this stub with payment.

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Previous Balance _____

Total Due ----- \$ _____

BY: *[Signature]*
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