

South Anderson Water District Connect Order

Make _____ Purchase Date _____

Meter Number _____ Size: _____ Sewer Yes No

Est Years: _____ Master Meter Code: _____ EECO Codes: _____ Photo ID: _____

ITRON Number _____ Reading _____ Test _____

Account Number _____

CANCELLED
November 4, 2022
KENTUCKY PUBLIC SERVICE COMMISSION

Customer Name: _____

Road/Street _____

City _____

State _____ Zip _____

New Service Establish Dwelling Plumbing Permit # _____

BILLING ADDRESS:

NAME: _____

STREET/ROAD: _____

CITY: _____

STATE: _____ ZIP _____

Deposit \$ _____ ^{NN}Connection Date: _____

Sewer Deposit \$ _____

Signature of Customer Requesting Service: _____

Telephone # _____ Cell: _____

Entered Date: _____

KENTUCKY PUBLIC SERVICE COMMISSION
JEFF R. DEROUEN EXECUTIVE DIRECTOR
TARIFF BRANCH
DATE
By *Brent Kirtley*
EFFECTIVE
By **11/5/2015**
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)