

Form for filing Rate Schedules

For Community, Town or City

P.S.C. NO. _____

SHEET NO. _____

CANCELLING P.S.C. NO. _____

SHEET NO. _____

South Graves Co. WD
Name of Issuing Corporation

CLASSIFICATION OF SERVICE

RATE
PER UNIT

ACCOUNT		TO		
SERVICE AT				
TYPE	PRESENT	PREVIOUS	USAGE	CHARGES
CLASS	AMOUNT DUE AFTER DUE DATE	DUE DATE	AMOUNT DUE ON OR BEFORE DUE DATE	

ADDRESS CORRECTION REQUESTED

FIRST CLASS MAIL
US POSTAGE PAID
PERMIT NO.

RATES AVAILABLE UPON REQUEST

MAIL TO

PLEASE BRING ENTIRE BILL TO OFFICE OF MAIL STUB WITH PAYMENT

Robert R. Emerson

ACCOUNT	DUE DATE
AMOUNT DUE ON OR BEFORE DUE DATE	SAVE THIS
AMOUNT DUE AFTER DUE DATE	

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

DATE OF ISSUE _____

DATE EFFECTIVE MAY 28 1995

ISSUED BY _____
Name of Officer

TITLE _____

PURSUANT TO 807 KAR 5.011,
SECTION 9 (1)

BY: Jordan C. Neel
FOR THE PUBLIC SERVICE COMMISSION

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

cl/clan