

MEADE COUNTY RURAL ELECTRIC
COOPERATIVE CORPORATION

FOR Entire Territory Served

P.S.C. No. 9
Sheet No. 11
Cancelling E.R.C. No. 8
Sheet No. 11

CLASSIFICATION OF SERVICE

RATE
PER UNIT

CYCLE I and II - Breckinridge, Grayson, Meade, Ohio

CYCLE III and IV - Breckinridge, Grayson, Hancock, Hardin, Meade, Ohio

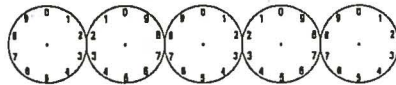
BILL FORM - Rate Schedule 1 and 2

ACCOUNT NUMBER	BILLING DATE	DUE DATE	AMOUNT TO BE PAID AFTER DUE DATE	AMOUNT TO BE PAID BY DUE DATE

WINTERCARE CONTRIBUTION \$ _____

METER NUMBER → _____

READ METER NOW



MARK EXACTLY AS APPEARS ON METER

MEADE COUNTY RURAL ELECTRIC
1351 HIGHWAY SEVENTY NINE
P. O. BOX 489
BRANDENBURG, KY 40108-0489

DATE READ _____

PLEASE RETURN THIS PORTION WITH PAYMENT

PLEASE RETURN ENTIRE BILL WHEN PAYING IN PERSON

SERVICE ADDRESS		ACCOUNT NUMBER		DUE DATE		AMOUNT TO BE PAID AFTER DUE DATE		AMOUNT TO BE PAID BY DUE DATE	
SERVICE DATES FROM	TO	READINGS PREVIOUS	PRESENT	METER NUMBER	MULT.	KWH USE	CHARGES		

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

JAN 1 1993

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

BY: Gloria Salter
PUBLIC SERVICE COMMISSION MANAGER

CANCELLED
MAY 2002

DATE OF ISSUE October 12, 1992 DATE EFFECTIVE January 1, 1993
ISSUED BY [Signature] TITLE Manager

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

MEADE COUNTY RURAL ELECTRIC
COOPERATIVE CORPORATION

FOR Entire Territory Served

P.S.C. No. 8

Sheet No. 12

Cancelling E.R.C. No. 7

Sheet No. New

CLASSIFICATION OF SERVICE

RATE
PER UNIT

BILL FORM - Rate Schedule 3

I N V O I C E

MEADE COUNTY R.E.C.C. BRANDENBURG, KENTUCKY 40108

DUE DATE

TO-	ACCOUNT	SERVICE FROM	THRU	RATE	
USAGE	DEMAND	REFER	MULT	KW DEMAND	
ENERGY	PREVIOUS	PRESENT	DIFFERENCE	MULT	KWH USED
CHARGES	DEMAND	KW	TIMES	EQUALS	\$
ENERGY	ENERGY	FIRST	KWH OR LESS	EQUALS	\$
		NEXT	KWH	EQUALS	\$
		NEXT	KWH	EQUALS	\$
		NEXT	KWH	EQUALS	\$
		EXCESS	KWH	EQUALS	\$
SUB-TOTAL \$					
DEMAND AND ENERGY COST \$					
SCHOOL TAX EQUALS \$					
SALES TAX EQUALS \$					
FUEL ADJUSTMENT EQUALS \$					
NET AMOUNT DUE \$					
LATE CHARGE \$					
GROSS AMOUNT DUE \$					

ACCOUNT PENALTY DATE GROSS DUE NET DUE

PAY NET AMOUNT ON OR BEFORE PENALTY DATE, GROSS AMOUNT THERE AFTER
SERVICE WILL BE DISCONTINUED IF NOT PAID BY

BILL FORM - Rate Schedule 4

I N V O I C E

MEADE COUNTY R.E.C.C. BRANDENBURG, KENTUCKY 40108

DUE DATE

TO	ACCOUNT	SERVICE FROM	THRU	RATE	
USAGE	DEMAND	REFER	MULT	KW DEMAND	
ENERGY	PREVIOUS	PRESENT	DIFFERENCE	MULT	KWH USED
CHARGES	DEMAND	KW	TIMES	EQUALS	\$
ENERGY	ENERGY	KW TIMES 100	HRS EQUAL	EQUALS	\$
		KWH	HRS EQUAL	EQUALS	\$
		KWH TIMES 100	HRS EQUAL	EQUALS	\$
		KWH	HRS EQUAL	EQUALS	\$
		KWH TIMES 100	HRS EQUAL	EQUALS	\$
		KWH	HRS EQUAL	EQUALS	\$
		EXCESS	KWH	EQUALS	\$
SUB-TOTAL \$					
DEMAND AND ENERGY COST \$					
SCHOOL TAX EQUALS \$					
FUEL ADJUSTMENT EQUALS \$					
PREVIOUS BALANCE EQUALS \$					
NET AMOUNT DUE \$					
LATE CHARGE \$					
GROSS AMOUNT DUE \$					

ACCOUNT PENALTY DATE GROSS DUE NET DUE

PAY NET AMOUNT ON OR BEFORE PENALTY DATE, GROSS AMOUNT THERE AFTER
SERVICE WILL BE DISCONTINUED IF NOT PAID BY



**PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE**

AUG 24 1992

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

BY: Glenn Miller
PUBLIC SERVICE COMMISSION MANAGER

DATE OF ISSUE July 24, 1992 DATE EFFECTIVE August 24, 1992
ISSUED BY Glenn Miller TITLE Manager
Name of Officer

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

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION

FOR Entire Territory Served

P.S.C. No. 8
Sheet No. 13
Cancelling E.R.C. No. 7
Sheet No. New

CLASSIFICATION OF SERVICE

RATE PER UNIT

BILL FORM - Late Notice/Disconnect Notice

MEADE COUNTY RURAL ELECTRIC COOP. CORP.
P.O. BOX 489
BRANDENBURG, KENTUCKY 40108-0489
502-422-2182

OFFICE HOURS: 7:30 TO 4:30 MONDAY - FRIDAY
BILLING DEPT., BRANDENBURG - (502) 422-3545
HARDINSBURG - (502) 756-6172

PAST DUE NOTICE

Table with 2 columns: DATE OF THIS NOTICE, DATE BILL WAS DUE

ACCOUNT NUMBER

Table with 3 columns: ACCOUNT NUMBER, SERVICE ADDRESS, AMOUNT DUE

TOTAL AMOUNT DELINQUENT

AMOUNT ENCLOSED

NOTICE OF INTENTION TO DISCONTINUE SERVICE

ACCORDING TO OUR RECORDS, YOUR ELECTRIC SERVICE BILL OF THE ABOVE DATE AND FOR THE ABOVE AMOUNT IS NOW PAST DUE. THIS MAY BE AN OVERSIGHT ON YOUR PART. IF SO, PLEASE ACCEPT THIS AS A FRIENDLY REMINDER. HOWEVER, IF THE BILL IS NOT PAID BY [DATE], IT WILL BE NECESSARY TO DISPATCH SERVICEMAN TO COLLECT SAME AT WHICH TIME YOU WILL BE CHARGED AN ADDITIONAL SERVICE CHARGE.

THIS IS YOUR FINAL NOTICE - SERVICE WILL BE DISCONTINUED WITHOUT FURTHER NOTICE IF NOT PAID IN THE TIME SPECIFIED

See Reverse Side for Member's Rights & Remedies Regarding This Notice.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

MEADE COUNTY RURAL ELECTRIC COOP. CORP.

PLEASE RETURN THIS STUB WITH YOUR REMITTANCE

IF YOU HAVE PAID YOUR BILL SINCE DUE DATE, PLEASE DISREGARD



NOTICE OF TERMINATION OF UTILITY SERVICE

Notice is hereby given that your service will be terminated on the date indicated on the enclosed notice in keeping with our policy for non-payment of your utility bill.

Service will be terminated on the date indicated unless you deliver to this office or the serviceman sent to terminate your service the total amount of your delinquent bill as shown on the enclosed notice. If you elect to pay the serviceman sent to terminate your service, a service charge as indicated on the enclosed notice will be added to the above bill.

You have the right to protest the discontinuance of this service by contacting the cooperative office at the address or phone number appearing on the enclosed notice. This will be on duty during the published hours of operation. An employee is authorized to answer your questions regarding your bill or to resolve disputes over the amount of your bill. This employee has the authority to retain your service by negotiating a partial payment plan or by accepting a partial payment where good faith is shown in meeting your financial obligation.

You are further advised that in the event of existing illness or infirmity on your premises, service will not be discontinued within thirty (30) days after the date of this notice, provided that you obtain a certificate signed by a physician, a registered nurse, or a public health official stating that in the opinion of the person making the certification that discontinuance of service will aggravate the existing illness or infirmity.

Local, state and federal programs are available which provide financial assistance in payment of utility bills for those who may qualify for such assistance under certain conditions. Meade County R.E.C.C. will, upon request, make available a list of known assistance programs or you may call the Kentucky Association for Community Action, Inc. at 1-800-456-3452 or the Department of Human Resources, Ombudsman, Toll Free 1-800-372-2973.

PUBLIC SERVICE COMMISSION OF KENTUCKY EFFECTIVE

AUG 24 1992

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

DATE OF ISSUE July 24, 1992 DATE EFFECTIVE August 1, 1992
ISSUED BY [Signature] TITLE Manager

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