

CANCELLED

May 7, 2022

**KENTUCKY PUBLIC
SERVICE COMMISSION**

**Morgan County Water District
Payment Agreement**

Account Number: _____

Date: _____, 2019

Name: _____

Address: _____

Owes Morgan County Water District a bill for the service in the amount of \$_____, which covers the bill that was due _____, 2019. I hereby agree to pay the sum of \$_____ today and make payments as listed below on the unpaid balance PLUS keep current my regular monthly charges.

Date	Amount	Date	Amount
____/____,2019	_____	____/____,2019	_____
____/____,2019	_____	____/____,2020	_____
____/____,2019	_____	____/____,2020	_____
____/____,2019	_____	____/____,2020	_____
____/____,2019	_____	____/____,2020	_____
____/____,2019	_____	____/____,2020	_____
____/____,2019	_____	____/____,2020	_____

If any payment is not made on the specified date, the water service will be discontinued immediately and the unpaid balance plus a \$40.00 reconnection. This must be paid in full before service is reinstated.

Customer 's Signature

Employee's Signature

The Morgan County Water District does not discriminate on the basis of race, color, sex, age or disability in employment or the provision of services.

**KENTUCKY
PUBLIC SERVICE COMMISSION**

Gwen R. Pinson
Executive Director

Gwen R. Pinson

**EFFECTIVE
10/13/2019**
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)