

For: _____

PSC KY Number: _____

_____ Sheet No. _____

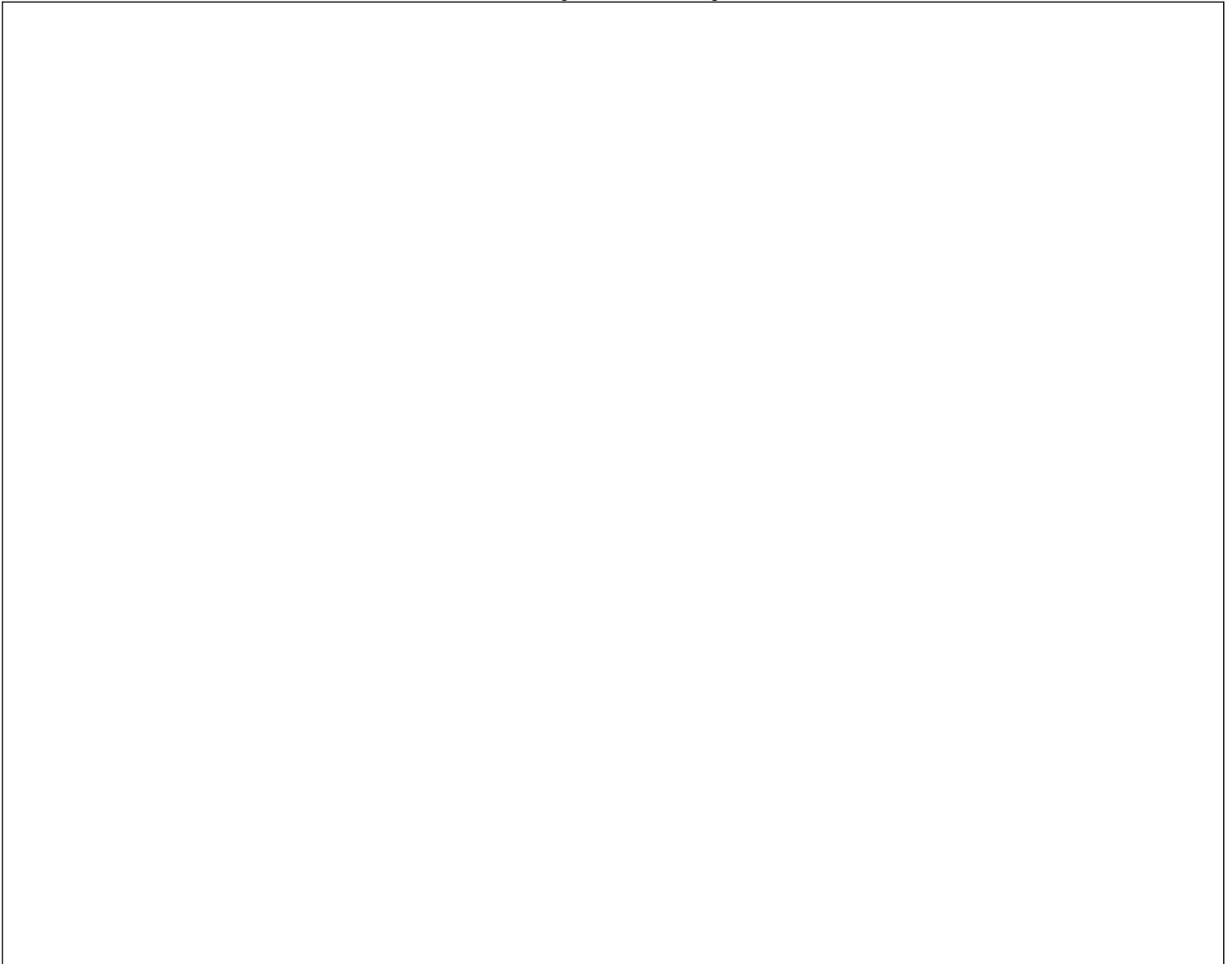
Cancelling PSC KY Number: _____

_____ Sheet No. _____

(Name of Utility)

Sample Bill.

(Click inside the rectangle below to insert image)



DATE OF ISSUE _____
Month / Day / Year

DATE EFFECTIVE _____
Month / Day / Year

ISSUED BY _____
(Signature of Officer)

TITLE _____

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____