		FOR	Entire Area Served Community, Town or City		
		P.S.C. KY. No 2 <sup>nd</sup> Revised	O2 SHEET NO8		
arkle	y Lake Water District (Name of Utility)	CANCELLIN	G P.S.C. KY. NO. 2		
		1st Revised	SHEET NO. 8		
SPI	ECIAL NONRECURRING CHARGES-METE	R RELATED			
1.	1. Meter Connection/Tap On Charge (3/4):		\$1250.00 (I)		
	Will be assessed to hook up a new (3/4) meter connection	on/tap on.			
2.	Meter Connection/Tap On Charge Greater Tha	an 3/4	Actual Cost		
	Will be assessed to hook up a new meter connection gre	eater than ¾.			
3.	Meter Relocation Charge:		Actual Cost		
	Will be assessed when a customer or other authorized persons request that a meter be				
	Relocated, changed, or modified. Those requesting a change must reimburse the District				
	For the actual cost incurred, including but not limited to	o appropriate legal, ad	lministrative, or		
	other related costs.				
4.	Meter Re-read Charge		\$25.00		
	Will be assessed when a customer requests the District	to re-read the			
	customers meter and the re-read proves that the original	meter reading was co	orrect.		
5.	Meter Test Charge		\$25.00		
	Will be assessed when a customer requests the District to test the meter for				
	accuracy and the test proves the meter to be not more than (2%) fast. The District will				
	perform such test on any meter upon written request I the request is not made more				
	than once every (12) months.				
6.	Meter Damage		Actual Cost		
	Will be assessed when meter damage is determined to be caused by				
	negligence of the customer.				

DATE OF ISSUE	February 15, 2024 Month / Date / Year
DATE EFFECTIVE	March 16, 2024
	Month / Date / Year
ISSUED BY	/s/ Scott Bridges
	(Signature of Officer)
TITLE	Chairman
BY AUTHORITY OF ORDER OF TH	E PUBLIC SERVICE COMMISSION
IN CASE NO.	_DATED

KENTUCKY
PUBLIC SERVICE COMMISSION Linda C. Bridwell Executive Director

EFFECTIVE

**3/16/2024**PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

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#### **CUSTOMER PARTIAL PAYMENT AGREEMENT FORM**

Date:	Account No.:
Customer Name (Please	Print Legibly):
I (we)	
promise to pay the curre	ent monthly bill by end of 5 <sup>th</sup> day of month or next business day. All arrears from
previous billing month n	nust be paid prior to signing an agreement for current bill. I understand that my
account will be subject t	to all delinquent and/or 10% late payment billings. I also understand that my
water service will be dis	continued if I fail to pay the agreed amount set forth below.
Payment Amount:	
Date(s) of Payment:	
a i	
Customor's Signatura:	
customer's signature	
BLWD Employee Witnes	s:

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H:\Master Form \Customer Ratial Payment Agreement Form 02-2024.1
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#### **CUSTOMER BANK DRAFT AUTHORIZATION FORM**

I,, request the each month for payment of my water bill utilizing the procedure will not take effect until the following mone month in advance when I wish to discontinue to	onth and that it is my responsibility to notify <b>BLWD</b>
I agree to supply <b>BARKLEY LAKE WATER DISTRICT</b> vo of setting up my automatic draft account. No other	with a voided check to be used solely for the purpose r means of account identification will be accepted.
I understand that any returned drafts presented ba \$5.00 fee. Should your bank draft be returned, the until the account has been cleared. It will be the cu arrangements to continue the automatic draft payn	automatic draft payment option will be discontinued istomer's responsibility to contact <b>BLWD</b> to make
Customer Signature	Date
BLWD Account No:	

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PLEASE PRINT ALL INFORMATION

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#### **CUSTOMER BILLING OR PHONE INFORMATION UPDATE**

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**BLWD Employee Signature** 

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#### **CUSTOMER ADJUSTMENT FORM**

Effective January 29, 2013 BARKLEY LAKE WATER DISTRICT requires the following information prior to any adjustments to a customer's account due to a leak. Account No.: Date: Customer Name (Please Print Legibly): \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_ Location and cause of leak: \_\_\_\_\_ Date leak was discovered: Date leak was repaired: Person/Business making the repair: Please provide a copy of the receipt for the repair bill or for parts used to make the repair. These are the terms of the water adjustment being provided by **BLWD** in response to your recent water leak at the address above. The adjustment is provided under the authorization of the BLWD Policy and assumes the leak is fully repaired. You are permitted one leak adjustment every 12 months. You will not be eligible for another water leak adjustment until \_\_\_\_\_\_\_\_, 12 months from the date of this adjustment. BARKLEY LAKE WATER DISTRICT is providing you with an adjustment in the amount of \$\_\_\_\_\_\_\_. This agreement does not alter your responsibility to pay any **BLWD** account you may have on time. To avoid penalties the bill must be paid by the 15<sup>th</sup> of the billed month. By signing this document, you agree to the terms stated above. KENTUCKY **Customer Signature** Date PUBLIC SERVICE COMMISSION BLWinds C. Bridwell **Executive Director** Total Bill Amourt:

or doe 3 7 at gyal 6 2 adjustment:

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Average Bill Amount:

Leak Qualifies for 1/4 (5 x average).



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#### **CUSTOMER AUTHORIZATION TO FINAL ACCOUNT FORM**

PLEASE PRINT ALL INFORMATION

BLWD ACCOUNT NO:	
NAME OF PERSON ON ACCOUNT TO FINAL:	
SERVICE ADDRESS:	
CITY, STATE, ZIP CODE:	
DATE TO LOCK or READ:	
FORWARDING ADDRESS:	
FORWARDING CITY, STATE, ZIP CODE:	
Customer Signature	 Date

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3/16/2024

:\Master-Jorgs\Gyrtangs\Awherizations Ee final Account Forn 02-2024.

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### **Barkley Lake Regional Water District**



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51A381 (1-23) Commonwealth of Kentucky **DEPARTMENT OF REVENUE** 

#### MULTI-UNIT DECLARATION OF DOMICILE FOR LANDLORDS OR OTHER ACCOUNTHOLDERS



OF MULTI-UNIT DWELLINGS SERVED BY A SINGLE METER (MASTER METER)

Ur	nder penalties of perjury, I swear or affirm that the declarations I am submitting with this form include Specific Number
10	0% of the dwelling units at the service address below.
_	Service Address Number of Dwelling Units
Ac	count Name (printed)
Au	thorized Signature
Da	ate
1	According to
<u>Ins</u>	<u>structions</u>
•	This Multi-Unit Declaration of Domicile is for landlords or other persons holding a single account with a utility provider or rural electric cooperative which serves multiple dwelling units.
•	Submit the Multi-Unit Declaration of Domicile along with individual declarations for all dwelling units to each applicable utility provider or rural electric cooperative, not to the Department of Revenue.
•	Landlords or other accountholders should submit a Multi-Unit Declaration of Domicile for each meter that serves multiple units; however, every unit served by the meter must have a fully-completed Declaration of Domicile for the account to qualify as residential. Landlords or other accountholders may not complete the Declaration of Domicile on behalf of their residents.
•	Accounts for meters that exclusively serve common areas or that serve common areas and multiple dwelling units are not eligible for residential treatment. No declaration shall be submitted for these accounts.
•	The change in taxability for accounts will be effective on the first day of the first full billing <b>(SEVILLE KN)</b> date of receipt of this Multi-Unit Declaration of Domicile by the utility provider or rural electric cooperative ERVICE COMMISSION
	Linda C. Bridwell Executive Director
De	partment of Revenue Contact Information:
Ph	one: 502-564-5170  Chide G. Andwell
Ēm	nail: DOR.Webresponsesalestax@kv.gov

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51A380 (1-23)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

DECLARATION OF DOMICILE FOR PURCHASE OF RESIDENTIAL UTILITIES



#### (LANDLORDS OR OTHER ACCOUNTHOLDERS OF MULTI-UNIT DWELLINGS SERVED BY A SINGLE METER (MASTER METER) USE THE MULTI-METER DECLARATION OF DOMICILE)

In accordance with the provisions of KRS 139.470(7) this of services, water, and fuel by Kentucky residents for use in houses. "Fuel" shall include but not be limited to natural gas, ele	eating, water heating, cooking, lighting, and other residential
	older for
Name of Accountholder	Service Address
Ĩ	, am the resident or
Name of Individual Signing the Declaration	
Relationship of the und	ersigned to the resident
I declare that the address listed is my place of domicile* or t	
I declare that the address listed is my place of dominine of t	Name of Resident
and the purchase of residential utilities for use at this address and use tax under KRS 139.470(7).	s meets the qualifications for exemption from Kentucky sales
Accordingly, I request the account associated with the above use tax. I understand the exemption will begin on the date declaration by the utility provider or rural electric cooperative.	e of the first full billing cycle after the date of receipt of this
Under penalties of perjury, I swear or affirm that the informati matter.	on on this declaration is true and correct as to every material
	Signature if resident or representative
	Date
* KRS 139.470(7) describes a place of domicile as "the place permanent home and principal establishment, and to which intention of returning."	ace where an individual has his or her legal, true, fixed and h, whenever the individual is absent, the individual has the
<u>Instructions</u>	41
Department of Revenue.	BLWD Account Number:  Dortunity Employer  3/16/2024



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EASEMENT	
THIS EASEMENT is made between	
Hereinafter called the Grantor, and the Barkley Lake Water District, which is organize called the Grantee:	ed under the provisions of K.R.S. Chapter 74, hereinafte
WITNESSESSETH: For and In Consideration of similar conveyance by the ow	vners of other properties located within said water
district, the sufficiency of which hereby acknowledged, the Grantor herby grants unto	the Grantee a temporary construction easement of
thirty (30) feet in width along permanent easement of ten (10) feet in width as it abuts said route for the purpose of	and a
permanent easement of ten (10) feet in width as it abuts said route for the purpose of accessories for a water system to be constructed and operated by said water district v	finstalling, repairing, and maintaining water mains and
accessories for a water system to be constructed and operated by said water district	with full rights of higress and egress for said purposes.
This easement is across the lands conveyed to the Grantor by deed from	
This easement is across the lands conveyed to the Grantor by deed from, Pated, and recorded in Deed Book, For Clerk, and including all adjacent lands of the Grantor regardless of any omission or irresponding to the Grantor regardless of any omission or irresponding to the Grantor regardless of any omission or irresponding to the Grantor regardless of any omission or irresponding to the Grantor regardless of any omission or irresponding to the Grantor regardless of any omission or irresponding to the Grantor by deed from, and, and	Page office of County Court
clerk, and including all adjacent lands of the Grantor regardless of any omission or iri	regularity in the foregoing description of title reference
The undersigned shall retain the right to use the surface of the land over wh structure shall be installed over the permanent easement. The Grantee shall restore timmediately preceding the exercise of its right and privileges.	
The Grantee shall bury all pipes so that they are not interfering with the nor	mal cultivation of the land.
The temporary easement granted shall cease upon the completion of construence easement shall be in perpetuity.	uction of the water system, and the permanent
TO HAVE AND TO HOLD said easement unto the Grantee, its successors, and	assigns, with Covenant of General Warranty.
IN TESTIMONY WHEREOF, we have hereunto set our hands this the day of	. 20 .
STATE OF KENTUCKY COUNTY OF	
I,, a NOTARY PUBLIC, in and for the st	ate and county aforesaid do herby certify that the foregoing
instrument in writing was produced before me byinstrument for the purpose mentioned.	, who each acknowledged and executed said
WITNESS my hand and notarial seal thisday of, 20	
My Commission Expires:	
Notary Public	
STATE OF KENTUCKY COUNTY OF	
l,, a NOTARY PUBLIC, in and for the sta instrument in writing was produced before me by	ate and county aforesaid do herby certify that the foregoing, who each acknowledged and executed said
instrument for the purpose mentioned.	-
WITNESS my hand and notarial seal thisday of, 20	KENTUCKY PUBLIC SERVICE COMMISSION
,	Linda C. Bridwell
My Commission Expires: Motary Public	Executive Director
	- Thide C. Budwell -
We are an Equal Opportunity Emp	oyer EFFECTIVE
	3/16/2024
Serving Eastern Shore of Barkley Lake in H	igg County, Kentucky



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Welcome to **Barkley Lake Water District**, P.O. Box 308, Cadiz, KY 42211, we are pleased to be your water provider! Please read our **CUSTOMER AGREEMENT/BILLING INFORMATION DISCLOSURE**, sign and complete the attached forms. We require payment in the amount of SEVENTY-FIVE DOLLARS (\$75.00) for the account deposit. Cash, Checks, Money Orders or Debit/Credit Cards are acceptable payment methods. Checks or Money Orders can be made payable to BARKLEY LAKE WATER DISTRICT.

The deposit in the amount of SEVENTY-FIVE DOLLARS (\$75.00) made to the Barkley Lake Water District is necessary to ensure payment of monthly water bills and any penalties on delinquent water accounts as prescribed in the tariff of the water district. Once the final bill and/or penalties have been satisfied any remaining amount of deposit will be refunded to the customer.

All payments are due the 15th day of the month, failure to receive bill does not excuse payment. Penalties are accrued upon opening the next business day, not before the 16th day of the month. Non - payment of an account by the 26th day of the month, or the first working day thereafter, will result in discontinuance of water service by physically locking the meter. Before reconnection can be made, a fee of SIXTEEN DOLLARS (\$16.00 = LOCK FEE \$10.00 and UNLOCK FEE \$6.00), plus the full payment of the water bill is required. An AFTERHOURS FEE of SIXTY-FOUR DOLLARS (\$64.00) will be charged for any meter unlocked after 4:00 p.m. Monday through Friday or on weekends. Delinquent Locked accounts that remain unpaid will be set to a status of Final during the end of month processing, which results in the SEVENTY-FIVE DOLLARS (\$75.00) deposit being applied to the account balance. Delinquent Accounts with a credit balance after Final processing will be issued a refund. Accounts with a balance owed are considered due to Barkley Lake Water District. If a Delinquent Locked account is set to a status of Final the customer will be reestablished as a new account. The re-establishment process would include settling unpaid previous account balance including any penalties if one existed after the deposit was applied and paying SEVENTY-FIVE DOLLARS (\$75.00) deposit for the new account.

Customers must install and maintain a cutoff valve for their use between the meter and their dwelling. The cut off valve on the meter is not to be routinely used by the customer, as continuous usage will result in eventual failure of the valve. Installation of a pressure regulator on the customer side is also highly recommended. Meter readings are now processed by a radio read meter system and are costly to repair. Any damage sustained to an installed radio read meter will result in a charge to the customer. Tampering with meter, service, or valves constitutes disconnection of service and is considered a felony.

H:\Master Forms\Acct Contract Form Revised w new Deposit Amount Effective Next

Serving Eastern Shore of Barkley Lake in Trigg County, Kentucky

KENTUCKY

FORMSIONS FRUICE COMMISSION

Linda C. Bridwell

Executive Director

Linda C. Bridwell

Executive Director

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#### **CUSTOMER ACCOUNT INFORMATION**

TODAY'S DATE:	EFFECTIVE DATE IF D	DIFFERENT FROM TODAY:
HAVE YOU EVER BEEN ON OUR WATE	R BEFORE? _YESN	0
Will this be your Primary Residence: Yes	(complete DOD Form) or No	Do you own or rent this property:
PRIMARY ACCOUNT HOLDER:		
SERVICE ADDRESS INFORMATION:		
SERVICE ADDRESS OF PROPERTY:		
SERVICE CITY, STATE, ZIP CODE:		
PREVIOUS RESIDENT AT THIS LOCATION:		LANDLORD'S NAME:
PERSONAL INFORMATION:		
BILLING ADDRESS (if different from Service	Address):	
BILLING CITY, STATE, ZIP CODE:		
Last 4 of SS#/EIN	DL#	DATE OF BIRTH:
TELEPHONE (including area code):	10	
CELL PHONE (including area code):		
EMAIL ADDRESS:		
SECONDARY NAME:		Last 4 of SS#
SECONDARY DOB:S	SECONDARY DL#	
SECONDARY CELL PHONE (including a	rea code):	<u> </u>
PRIMARY ACCOUNT HOLDER'S SIGNA	ATURE:	
For office use only: ACCOUNT NO. (LAST A	ACTIVE ACCOUNT)	KENTUCKY
Status: Final/ed or Inactive		PUBLIC SERVICE COMMISSION
UNLOCK:READ METER_	COPY TO C	US OMER Linda C. Bridwell Executive Director
		Shide C. Shidwell
H:\Master Forms\Acct Contract Form R	evised w new Deposit A	EFFECTIVE Amount Effective Next Tarriff update 03-
2024.docx	00 10 01	Jigg County, Kentucky

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#### NEW ACCOUNT/INFORMATION SHEET

#### PLEASE READ AND COMPLETE INFORMATION

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: (Mark one or more)  White Black or African American American Indian/Alaska Native  Asian Native Hawaiian or Other Pacific Islander
Gender: MaleFemale
This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.  Complaints of discrimination may be filed with the USDA Director, Office of Civil Rights,  Washington 20250-9410

KENTUCKY
PUBLIC SERVICE COMMISSION

Linda C. Bridwell
Executive Director

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3/16/2024

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H:\Master Forms\New Acct Discrimination Form Page 2.Docs Page 2
Serving Castern Shore of Barkley Lake in



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#### **CUSTOMER CONTACT CONSENT FORM**

I hereby expressly give my full consent to **Barkley Lake Water District** (service provider), its agents and assigns, to contact me at the mobile, wireless, or wire line numbers provided as part of the service agreement, or application, or any numbers I may subsequently acquire, for normal business communications, including, but not limited to, efforts of collection on existing accounts opened after the date of execution of this consent.

I further expressly consent that **Barkley Lake Water District** (service provider), its agents and assigns, may use live-callers, pre-recorded messages, auto dialers, "robocalls", progressive dialers, predictive dialers, or other similar technology for said normal business communications. I expressly waive all claims against and hold harmless **Barkley Lake Water District** (service provider), its agents and assigns, for the use of such callers or dialer technology for the purposes of contacting me for normal business communications. This consent will remain active until accounts of the undersigned are closed or until expressly revoked in writing by the undersigned customer.

Should my number ever change, I will notify Barkley Lake Water District (service provider) that my mobile, wireless, or wire line number(s) have changed.

CUSTOMER NAME (Please Print Legibly)

CUSTOMER SIGNATURE

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PUBLIC SERVICE COMMISSION
Linda C. Bridwell

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**Executive Director** 

3/16/2024

igg County, Kentucky

H:\Master Forms\New Acct Contact Consent Form Page 3,2-2924.pocxPage 3

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**DATE**