



GARY A. LITTLE
ATTORNEY AT LAW P.S.C.

110 E. CUMBERLAND ST., P.O. BOX 68, ALBANY, KY 42602
PHONE: (606) 387-6779
FAX: (606) 387-6779

January 12, 2026

Cumberland County Water District
133 Lower River Street
Burkesville, Kentucky 42717

Re: Revised Notice of Proposed Rate
Schedule for
Water Sales from City of Albany to
Cumberland County Water District

Dear Officials:

Please see the attached revised notice of proposed rate schedule change regarding water purchased by Cumberland County Water District from the City of Albany. Thanks for your attention.

Sincerely yours,



Gary A. Little

GAL:rl
Enclosure

Copy to: Hon. Coleman Hurt
Cumberland County Attorney
P.O. Box 414
Burkesville, Kentucky 42717

Hon. Damon R. Talley
P.O. Box 150
Hodgenville, Kentucky 42748.

REVISED NOTICE

City of Albany has filed a proposed rate schedule which will increase by 39.0476% (\$0.82 per 1,000 gallons) from the published tariff, and a increase of the base rate, but no increase in the rates which it currently charges to Cumberland County Water District for water service. City of Albany currently charges a minimum of \$3,021.00 for 1.5 million gallons and \$2.92 per 1,000 gallons for all usage over 1.5 million gallons.

The last tariff filing shows \$2.10 per 1,000 gallons for usage exceeding 1.5 million gallons, with the contract listing the base rate of \$2,125.00 for the first 1.5 million gallons for water services.

It proposes to charge the rate stated in the first paragraph above and to file a new tariff for water service provided to Cumberland County Water District effective February 12, 2026. Therefore, no rate increase is proposed. Rather, the City of Albany is amending its tariff to comply with its current charges.

The rate contained in this notice are the rates proposed by City of Albany. The Public Service Commission, however, may order rates to be charged that differ from the proposed rates contained in this notice.

Any corporation, association, or person with a substantial interest in the matter may, by written request, within thirty (30) days after publication or mailing of this notice of the proposed rate changes request to intervene by filing a timely request for intervention to the PSC, P.O. Box 615, Frankfort, Kentucky 42602, establishing the grounds for the request including the status and interest of the party. Intervention may be granted beyond the thirty (30) day period for good cause shown.

If the Commission does not receive a written request for intervention within thirty (30) days of the initial publication or mailing a notice, the Commission may take final action on the filing.

Any person who has been granted intervention by the Public Service Commission may obtain copies of the rate application and any other filings made by City of Albany by contacting Mayor James Bray, 260 Burkesville Road, P.O. Box 129, Albany, Kentucky 42602.

Any person may examine City of Albany's rate application and any other filings at its main office at City Hall, 260 Burkesville Road, Albany, Kentucky 42602 or at the Public Service Commission's Office at 211 Sower Blvd., Frankfort, Kentucky 40602, Monday through Friday, 8:00 am to 4:30 pm or through the Commission's Website at psc.ky.gov.

Comments regarding this tariff filing may be submitted to the PSC through its website or by mail to Public Service Commission, P.O. Box 615, Frankfort, Kentucky 40602.

The proposed rates are expected to be filed with the Commission on January 12, 2026.

AREA Cumberland County Water District

PSC KY NO: _____

1 _____ SHEET NO. 1 _____

City of Albany
(NAME OF UTILITY)

CANCELLING PSC KY NO. _____

SHEET NO. _____

MONTHLY WHOLESALE WATER RATE

Cumberland County Water District

First 1.5 Million Gallons (@ \$2.014 per 1,000)
All usage over 1.5 Million Gallons

\$3,021.00 Minimum Bill
\$2.92 Per 1,000 Gallons

DATE OF ISSUE January 9, 2026

MONTH / DATE / YEAR

DATE EFFECTIVE February 12, 2026

MONTH / DATE / YEAR

ISSUED BY /s/ James Bray

SIGNATURE OF OFFICER

TITLE Mayor

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