

PENDLETON COUNTY WATER DISTRICT

P.O. BOX 232, FALMOUTH, KY 41040 (859) 654-6964 FAX (859) 654-7032

Deaf, Hard-of-Hearing or Speech Impaired, call 711

MONTHLY RATES:

First 2,000 Gallons—Minimum Bill-----	27.16
Next 3,000 Gallons per 1,000 Gallons-----	11.85
Next 10,000 Gallons per 1,000 Gallons-----	11.23
Over 15,000 Gallons per 1,000 Gallons-----	9.85

Meters will be read monthly around the 15th of each month. They will be mailed the last of the month. Said bills will state that they are due on the 10th of the next month. A 10% penalty will be added after the 15th of the month. Fee for reconnecting is \$45.00.

The principal place for business is at 331 Highway 330 W, Falmouth, KY - 1/4 mile off of Highway 27 on the left. The phone number is (859) 654-6964 and the fax number is (859) 654-7032. Bills may be paid at this location in person or by mail to Pendleton County Water District, P.O. Box 232, Falmouth, KY 41040.

A separate meter must be installed and a connection fee paid for each dwelling or business unit.

TAP FEES:

Single 5/8" meter fee-----\$1300.00

Connection fees for all other meter sizes are determined on an individual basis for time, overhead and materials plus 15%. All meters will be located on the Water District Main and in the absence of special permission on the property to be served.

In the event any customer serves more than one residence through a meter, such customer has violated a District Regulation and the District shall terminate service to such customer after giving him 5 days written notice to disconnect the second residence from said District Line.

After any service has been disconnected for any reason, it can only be restored by paying the amount in arrears and also a \$45.00 re-connection fee.

A deposit will be required on new accounts, according to our current tariff. The Water District will maintain 30 pounds at the meter.

I hereby request the District to install a water tap at (location)_____ and attached is payment in full of \$1300.00. **I agree to NOT run any service lines prior to the TAP being installed.** The District will install the meter only after the customer shows their stamped plumbing permit.

I have read and understand the above Rules and Regulations and will abide by them.

DATE:_____ NAME:_____

SIGNED:_____ ADDRESS:_____

PHONE NUMBER:_____ SOCIAL SECURITY #_____

EQUAL OPPORTUNITY PROVIDER