

For: \_\_\_\_\_

PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

Cancelling PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

\_\_\_\_\_  
*(Name of Utility)*

Deposits.

The utility does not collect or require a cash deposit or other guarantee to secure payment of bills.

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 \_\_\_\_\_