

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

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

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

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

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

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

---

---

**Utility Initiated Termination of Service – Exceptions.**

The utility will not terminate service to a customer if the following conditions exist:

1. If payment for services is made. Service will not be terminated to a customer that was sent a termination notice if the customer delivers full payment to the utility prior to the actual termination of service.
2. If a partial payment agreement is in effect. Service will not be terminated for nonpayment if the customer and the utility have entered into a partial payment plan and the customer is meeting the requirements of the plan.
3. If a medical certificate is presented. Service will not be terminated for thirty (30) days beyond the termination date if a physician, registered nurse or public health officer certifies in writing that termination of service will aggravate a debilitating illness or infirmity on the affected premises. The utility may refuse to grant consecutive extensions for medical certificates past the original thirty (30) days unless the certificate is accompanied by an agreed partial payment plan. The utility will not require a new deposit from a customer to avoid termination of service for a thirty (30) day period who presents to the utility a medical certificate certified in writing by a physician, registered nurse or public health officer.

---

---

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 \_\_\_\_\_