	<b>BULLOCK PEN</b>
WA	ATER DISTRICT

### APPLICATION FOR WATER SERVICE

# ☐ GRANT COUNTY SANITARY SEWER DISTRICT

### APPLICATION FOR SANITARY SEWER SERVICE

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FOR DISTRICT USE ONLY  [ ] LEASE/RENTAL AGREEMENT		ACCOUNT #	
[ ] PREVIOUS DEBT		DEPOSIT FILE #	
	HOTO ID		
	CSSD Deposit		
	PWD Deposit DATE: /		
	HOR CHECK #		
		A. Applicant Information	
(1)	Account Number:		<del></del>
(2)	Service Location Address: Mailing Address:		
(3)			
(4)		Applicant's Photo ID#:	
(5)	Primary Phone: Alternate Phone: (Primary number should be a number at which Applicant can normally be contacted, including in the event of an emergency)		
(6)	Email Address:		
(7)	If Email address provided, does Applicant consent to receive all notices by e-mail in lieu of notice by mail or newspaper publication?  Yes No		
(8)	Applicant's Employer (if applicable):_	h	<del></del>
(9)	Names of Adults Residing at Service Location:		
(10)		<u> </u>	
	Length of Time Applicant Resided at I	Last Residence:	
(11)		arriedSingle:	
	If Married, Name of Spouse:  Spouse's Phone (if different from Appl	licant's Phone):	
	Spouse's Employer (if applicable):		
(12)	Does Applicant own property at service	e location? Yes No	
(13)	Name:	service location, provide the Property Owner's	94
	Mailing Address:		
	Telephone Number: Email Address (if available):		
	Eman Address (II avallable):		

(14)Do any adult members of Applicant's Household wish to be a co-applicant on this application? Yes\_\_\_\_\_ No\_\_\_\_(If yes is checked, Co-Applicants should complete information in Section C) Does Applicant or any Adult member of Applicant's household currently owe any delinquent amounts or unpaid balances (15)from any prior water account with the District? Yes No (16)Has Applicant/Co-Applicant's water/sewer service ever been disconnected by the District for non-payment of water/sewer charges within the past two years? Yes\_\_\_\_\_ No\_\_\_\_ Have Applicant/Co-Applicant had two or more checks returned by his/her bank for insufficient funds on any prior (17)account with the District? Yes\_\_\_\_No\_\_ Has Applicant/Co-Applicant filed for bankruptcy within the last 7 years? Yes\_\_\_\_\_ No\_\_\_\_ (18)(19)Is the service location your residence? Yes\_\_\_\_No\_\_\_ PROVIDE WITH THIS APPLICATION A COPY OF A FORM OF

If Applicant does not own the property, include a copy of the signed rental agreement or a written acknowledgment of the property owner that Applicant is authorized to obtain water service at the service location address designated.

## PICTURE IDENTIFICATION FOR EACH APPLICANT/CO-APPLICANT

#### B. Agreements

The undersigned Applicant/Co-Applicants ("Applicant") hereby applies for service and agrees to purchase service from District subject to the following terms and conditions:

- Applicant represents and warrants to the District, that the information provided on this Application is true, correct, and complete in all material respects. Applicant acknowledges that any false or deliberately misleading information provided on this Application will be considered as an attempt to obtain service through fraudulent means and may constitute grounds for discontinuance of Applicant's service at the service location address designated above.
- (b) No application for service will be approved and no service shall be supplied to any applicant or customer if the applicant or the customer is delinquent or indebted to the District or if any member of an applicant's household is indebted to the District and such indebtedness was incurred while that person and the Applicant were members of the same household. This applies whether the delinquency or indebtedness is incurred at the property address for which this application is made or at any other premises or property. If Applicant fails to disclose to the District Applicant's prior indebtedness or the indebtedness of a member of Applicant's household and the District provides service, the District may discontinue service after providing the Applicant with notice of the discovery of the indebtedness and providing Applicant a reasonable period of time to pay the outstanding debt.
- Applicant will purchase service from the District to be supplied to the service location address designated above, subject to all terms and conditions set out in the District's rules, regulations, and tariffs now in force or hereafter supplemented or amended. Applicant shall make timely payment of all amounts and charges due on or before their due dates. Applicant understands and agrees that if Applicant's account becomes delinquent for failure to make timely payment of all amounts and charges due on or before their due dates the District may discontinue service.
- (d) Applicant agrees to reimburse the District for all reasonable attorney's fees, collection agency fees, and court costs incurred by the District to enforce the terms and conditions of this agreement and to recover any delinquent amounts or other indebtedness if (i) Applicant fails to comply with the terms and conditions of this agreement and (ii) the District commences legal action to enforce the terms and conditions of this agreement and obtains a judgment against Applicant. The Court rendering the judgment shall determine the amount of the attorney's fees, collection fees, and court costs to which the District is entitled.
- Any Co-Applicant who vacates the service location and desires to avoid liability for future amounts under this Agreement, shall notify the District in his or her action. The Co-Applicant shall not be liable for charges for service rendered to the service location after the District's receipt of the Co-Applicant's notice. If notice is provided by telephone, the burden of proof shall be on the Co-Applicant to prove that notice was given if a dispute arises.
- Applicant agrees to maintain all plumbing in or on the property in compliance with all plumbing specifications as required by the (f) Commonwealth of Kentucky and/or any state, local, or municipal building or plumbing codes.

- (g) Applicant agrees to comply with and be bound by all of the provisions of this agreement, and such District rules, regulations, and tariffs now in force or hereafter supplemented or amended.
- (h) By signing this agreement, the Applicant acknowledges that the terms of this agreement constitute a binding contract between the District and the Applicant, and the terms and provisions of this agreement are legally enforceable against the Applicant in accordance with its terms.
- (i) Applicant acknowledges that as a utility customer in the Commonwealth of Kentucky, Applicant has certain rights and obligations. Applicant further acknowledges that a copy of the District's tariff setting forth such rights and obligations, including the Customer Bill of Rights, can be obtained from the District's website at <a href="https://www.bpwd.org">www.bpwd.org</a> or from the Kentucky Public Service Commission's website at psc.ky.gov.

Applicant Signature Date:	Print Name Here
	C. Co-Applicants
The undersigned hereby agrees to be de Agreement.	eemed a Co-Applicant and customer and bound by all of the terms and conditions contained in this
Co-Applicant Signature	Print Name Here
	Phone Number
	Mailing Address (if different from service address)
	E-Mail
Co-Applicant Signature	Print Name Here
	Phone Number
	Mailing Address (if different from service address)

E-Mail

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Please mail this Application, along with a copy of a form of picture identification of each Applicant/Co-Applicant to BPWD, P.O. Box 188, Crittenden, KY, 41030-0188, Attn: Customer Service, or fax this Application to (859) 428-1293, or email to <a href="mailto:aruark@bpwd.org">aruark@bpwd.org</a>.

### **BULLOCK PEN WATER DISTRICT** Water Turn-On Release Form

I represent and warrant to the Bullock Pen Water District (the "District") that I am the owner or lawful tenant of the premises located at				
For and in consideration of having the District turning on the water service to the premises when I am not present at the Premises, which is for my convenience, I hereby provide the following release and indemnity:				
1. For myself and for my heirs, executors, successor and assigns, I hereby to the fullest extent permitted at law and equity release and forever discharge the District and the District's commissioners, officers, employees and agents from any and all claims, demands, damages and causes of action relating to any property damage or persona injury, including death, arising from or related to the turning on of water service to the Premises when I am not a the Premises or when no one is at the Premises.				
2. Further, for myself and for my heirs, executors, successor and assigns, I hereby to the fullest extent permitted at law and equity agree to defend, protect, hold harmless and indemnify the District and the District's commissioners, officers, employees and agents from and against any and all claims, demands, damages and causes of action relating to any property damage or personal injury, including death, arising from or related to the turning on of water service to the Premises when I am not at the Premises or when no one is at the Premises.				
I provide the above release and indemnity on the date written below.				
Signature:				
Printed Name:				
Date:				
Service Address:				
Mailing Address:				

**BULLOCK PEN WATER DISTRICT** P.O. Box 188 Crittenden, KY 41030-0188

Phone: 859.428.2112/Fax: 859.428.1293

Bullock Pen Water District P.O. Box 188 Crittenden, KY 41030-0188 (859) 428-2112

## DECLARATION OF DOMICILE FOR PURCHASE OF RESIDENTIAL UTILITIES

51A380 (1-23)
Commonwealth of Kentucky

DEPARTMENT OF REVENUE



# (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 declaration may only be executed for the purchase of sewer services, water, and fuel by Kentucky residents for use in heating, water heating, cooking, lighting, and other residential uses. "Fuel" shall include but not be limited to natural gas, electricity, fuel oil, bottled gas, coal, coke, and wood. \_ is the accountholder for \_\_\_\_\_ Service Address Name of Accountholder , am the resident or Name of Individual Signing the Declaration (cannot be landlord) Relationship of the undersigned to the resident I declare that the address listed is my place of domicile\* or the place of domicile\* of and the purchase of residential utilities for use at this address meets the qualifications for exemption from Kentucky sales and use tax under KRS 139.470(7). Accordingly, I request the account associated with the above listed service address be classified as exempt from sales and use tax. I understand the exemption will begin on the date of the first full billing cycle after the date of receipt of this declaration by the utility provider or rural electric cooperative. Under penalties of perjury, I swear or affirm that the information on this declaration is true and correct as to every material matter. Signature if resident or representative Date \* KRS 139.470(7) describes a place of domicile as "the place where an individual has his or her legal, true, fixed and permanent home and principal establishment, and to which, whenever the individual is absent, the individual has the

#### Instructions

intention of returning."

- Submit the Declaration of Domicile to each applicable utility provider or rural electric cooperative, not to the Department of Revenue.
- Each resident may have only one place of domicile but may be listed as a responsible party for other service
- The change in taxability for accounts will be effective on the first day of the first full billing cycle after the date of receipt of this declaration by the utility provider or rural electric cooperative.

Department of Revenue Contact Information: Phone: 502-564-5170

Email: DOR.Webresponsesalestax@ky.gov

### Grant County Sanitary Sewer District P.O. Box 460 Crittenden, KY 41030-0460 (859) 428-3060

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

## DECLARATION OF DOMICILE FOR PURCHASE OF RESIDENTIAL UTILITIES



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is the accoun	tholder for
Name of Accountholder	Service Address
I,	, am the resident or
Name of Individual Signing the Declara	tion (cannot be landlord)
Deletionship of the	
Relationship of the	undersigned to the resident
I declare that the address listed is my place of domicile*	or the place of domicile* of
	Name of Resident
and the purchase of residential utilities for use at this add and use tax under KRS 139.470(7).	ress meets the qualifications for exemption from Kentucky sales
	ove listed service address be classified as exempt from sales and late of the first full billing cycle after the date of receipt of this ive.
Under penalties of perjury, I swear or affirm that the informatter.	nation on this declaration is true and correct as to every material
	Signature if resident or representative
	Date

#### Instructions

- Submit the Declaration of Domicile to each applicable utility provider or rural electric cooperative, not to the Department of Revenue.
- Each resident may have only one place of domicile but may be listed as a responsible party for other service addresses.
- The change in taxability for accounts will be effective on the first day of the first full billing cycle after the date of receipt of this declaration by the utility provider or rural electric cooperative.

Department of Revenue Contact Information: Phone: 502-564-5170

Email: DOR.Webresponsesalestax@ky.gov

<sup>\*</sup> KRS 139.470(7) describes a place of domicile as "the place where an individual has his or her legal, true, fixed and permanent home and principal establishment, and to which, whenever the individual is absent, the individual has the intention of returning."