

DECLARATION OF DOMICILE FOR
PURCHASE OF RESIDENTIAL UTILITIES

(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 _____
Name of Accountholder *Service Address*

I, _____, 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 _____
Name of Resident

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 intention of returning."

**PRINCETON WATER & WASTEWATER
CUSTOMER CONTRACT FOR SERVICES**

CONNECT _____ READOUT _____ WORK ORDER# _____

CUSTOMER'S ACCOUNT #: _____ DATE OF REQUEST: _____

It is the policy of the Princeton Water and Wastewater Commission, Princeton, Caldwell County, Kentucky, hereinafter referred to as the "UTILITY", to require the applicant, hereinafter referred to as "CUSTOMER", be the responsible party residing at the service address. Anyone acting on the CUSTOMER'S behalf may be required by the UTILITY to provide the CUSTOMER'S written verification as well as identification papers, as required below.

UTILITY typically mails all CUSTOMER bills by the 25th of each month. UTILITY is not responsible for non-delivery by the postal service. All bills are due on the 5th of the month unless the 5th falls on either a holiday or a weekend. In such case, the following business day will be the due date. Should the bill not be paid by the due date, CUSTOMER will receive a 10% penalty. CUSTOMER has until the 15th to pay the bill in full with no further penalties being added. On the 16th, a \$10.00 late charge will be applied and on the 17th the service is subject to being disconnected. Should services be disconnected, a trip charge of \$35 and a \$35 reconnection fee will be applied and will be payable in full prior to services being reconnected. Furthermore, if CUSTOMER'S account is disconnected, the UTILITY reserves the right to request an increase in the deposit based on CUSTOMER'S actual usage.

In order to obtain service, CUSTOMER agrees to pay a one-time, non-refundable connection fee, currently in the amount of \$50. Fee must be paid up front prior to any services being connected.

Does the Customer own the property where service is being obtained? If so, please provide a copy of the deed indicating ownership.

If the Customer is renting or leasing the property, a \$200 deposit (commercial accounts may be higher) will need to be obtained prior to service being established. Also, provide property owner / landlord information as requested.

Check one: Property Owned Renter

CUSTOMER'S Legal Name (s): _____

Service Street Address: _____

Billing Address (if different): _____

Driver's License Number (s): _____ State: _____

Social Security Number (s): _____ DOB: _____

Phone # of Service Address: _____ Cell #: _____

Name of Emergency Contact not at Service Address: _____

Emergency Contact Phone: _____ Relation: _____

Should Customer choose to pay by bank draft each month, please provide the following information:

Bank Routing and Transit # : _____ Name of Bank: _____

Account Name and Number: _____

Service Type: _____ Single Family _____ Multi-Family _____ Business / Other _____

Is there any medical reason that service cannot be interrupted? Please, explain: _____

(Written verification from a medical doctor is required before a meter can be labeled as non-cut-off)

By my signature, I agree to obey all rules and regulations of the UTILITY and pay for all services provided in accordance with the prevailing rate schedule set by the Princeton Water and Wastewater Commission. I further understand that the obligations of this contract, upon my death, shall be binding upon my estate. In the event of non-payment, I understand that the UTILITY may terminate service and that all unpaid bills and charges are immediately payable by me, including all costs of collection and attorney fees. Should CUSTOMER'S service be disconnected for non-payment or any other reason and the service is turned on without authority of the UTILITY, any damage to the UTILITY property will be paid for by CUSTOMER in addition to any usage of services as the UTILITY determines has occurred. If theft of services are suspected, the UTILITY reserves the right to seek criminal prosecution and/or suspend future services indefinitely. It is further understood and agreed that the UTILITY has the right to make, amend, and enforce all policies, regulations, ordinances and by-laws that may be necessary or proper regarding any UTILITY matter.

* IMPORTANT NOTICE: If you are turning on a property and that property will be empty or if you have a property that is empty and the service is active, we will not adjust any water bill to a leak of any kind.

CUSTOMER'S Signature: _____ Date: _____

DEPOSIT RECEIPT # _____ CUSTOMER HAVE DEED: YES _____ NO _____

I HAVE READ AND UNDERSTAND BILLING POLICY: INITIAL _____

*** FILL OUT FRONT AND BACK ***