

CONTRACT FOR NEW SERVICE



FOR KAW OFFICE USE ONLY:

Premise No.: _____ Acct. No.: _____ Customer No.: _____
Application for Special Connection No.: N/A WBS No.: D12-0201-P-1486
Type of Service: Domestic Service
Operations Specialist (KAW Inspector): Shane Crow

I hereby make application and authorize Kentucky American Water to place a meter and turn on the water at the following address, and I agree to pay all bills by the due date specified on the bill for water furnished to any address where I either have an interest in the ownership of the property, directly or indirectly, or have requested service, and I hereby agree to continue to be responsible for the same until I notify Kentucky American Water in writing to the contrary.

I agree to take the necessary measures to protect the meter box, meter setting and the service during the installation of new services. I will be responsible for damages to Kentucky American Water property caused by me, my contractor and/or sub-contractor during on-site construction.

I agree to abide by the local codes and ordinances in the construction, use, and alteration of my plumbing system. I shall not create an electric shock hazard by improper electric grounding to the plumbing system. I agree to install an approved, testable backflow prevention device on all nonresidential incoming lines and irrigation systems to prevent the creation of a cross connection or backflow condition.

Kentucky American Water assumes no responsibility for continuity of electrical grounding systems by the installation or removal of its meter.

I agree to abide by and comply with all rules, regulations and rates of Kentucky American Water, as approved by the Public Service Commission of the Commonwealth of Kentucky and as changed from time to time.

If, at any time, any bill owed by me to Kentucky American Water, whether collectible under this Agreement or otherwise, is not paid when due and payable, then Kentucky American Water shall have the right to discontinue the supply of water to the location.

PLEASE COMPLETE THE FOLLOWING INFORMATION (return with deposit and signed agreements)

Service Address _____

City Lexington State KY Zip Code 40502

Is this a multi-unit building? Yes No If yes, how many units _____

Please check primary use of service: Residential Commercial Industrial OPA

Please check type (s) of service use (if more than one type or number, individual application is required for each service)

Domestic Irrigation Fire service -- size: _____ Fire hydrant -- quantity: _____ Other

Billing Name _____

Billing Address, if different from service address _____

City _____ State _____ Zip Code _____

Telephone number: (Home) _____ (Office) _____

Name of person filling out form _____

Contact Person _____ Phone Number _____

Do you own or lease this building? Own _____ Lease _____

Authorized Signature _____ Title _____ Date _____