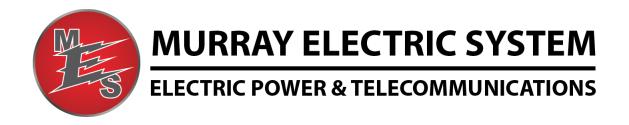
MURRAY ELECTRIC SYSTEM

ELECTRIC POWER & TELECOMMUNICATIONS

Murray Electric System's Residential Application for Services

Please Check All Se	rvices Requested:			
Electric Telephone	Cable TV		Internet	
Date requested for activation of Electric Service:	Own	Rent		
Name of Applicant:		SSN:		
Spouse/Roommate:		SSN:		
Roommate:				
Roommate:				
(Social Security numbers MUST be provided for ALL persons listed as tenan				
Address Moving To:				
		Apt #/Letter)		
Mailing Address if different than above:		City)	(State)	(Zip Code)
Email Address:				
Primary Phone:	Secondary Phone:			
Employer:	Work Phone:			
(Initials) I acknowledge that it is my responsibility to contact I There will be no back dating or credits issued if I fail to contact Mur		ı when I nee	d my services di	sconnected.
Emergency Contact Person NOT living with you:				
(This information may be used in case of emergency or to return your depo or where we will mail your final bill with a portion, or all, of your deposit.)	sit. Students, this is VER	Y IMPORTANI	⁻ , this would be yo	ur home address
Name:	Phone:			
Address:				
Signature of Applicant:			Date:	
By signing this application: You are requesting Murray Electric System to furnish electric and pay for said services in accordance with the MES Schedule of Rules & Regulation listed above through Online Utility Exchange to partially determine deposit amounts be held until services are terminated, and applied to the final bill. IF there is a credit the forwarding address on file; you have been advised that the Rules & Regulations on charge; you acknowledge the schedule of Rules & Regulations shall term, subject responsible for any outstanding balance on any old account (s). If these accounts are automatically and due with your current account's balance. Failure to pay this amou	s; you certify and agree to a ; you understand the depose balance after the deposit is of MES are available for you to change without notice, a not paid on the due date, t	a credit check th it you pay toda applied, the cro to read, and a ind are a part o the amount can	hat will be performe y (if applicable) is no edit will be returned copy will be provide f your contract with be transferred to you	d on ALL applicants ot a payment, will to the depositor at d upon request at MES; you are pur new account

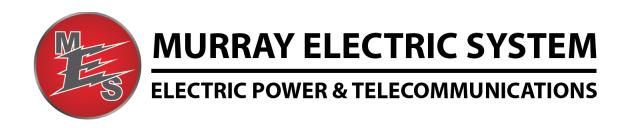
automatically and due with your current account's balance. Failure to pay this amount will make you eligible for disconnect at the current service address. Should your account become delinquent and past due for a period of 30 days (or more) on your final bill, your account may be sent by Murray Electric System to a third-party collection agency for collection. In addition to the delinquent account balance, the following amounts will be added to the balance due to reflect the charges assessed by the collection agency for the cost of the collection: accounts past due 30-90 days -\$12.50, accounts 90 days or more -54% of the total balance. The customer acknowledges and agrees that the delinquent account balance will be increased by the \$12.50 and possibly an additional 54% to cover the cost of collection.



Authorization Form

Authorized Persons on Service Account

Name of Service Customer:					
Service Address:					
Service Account#:					
Authorization is being given to:					
Name:					
Address:		-			
Phone#:	SS# or DL#				
(used for verification purposes) Relationship to Service Account Holder (check one of the following):					
 Parent Guardian Other (please list): By signing this agreement, I am authorizing the above individual(s) to have access to my account with Murray Electric System. This shall include the following: (check each box that you wish to authorize): 					
□ Service Status □ General Information □ Change general information (ex. Phone#)					
□ Connect/Disconnect BB services □ Change BB services					
I also understand that the above stated individual shall be allowed access until I remove them.					
Signature (service customer)	Date:	-			
Signature (authorized user)	Date:				



Electronic Notice Authorization

Date:	Account#
Full Name (Last, First):	
Service Address:	
Notification Phone Number:	

By signing this authorization form, I the customer, agree that a separate written notice of impending disconnection of service will not be provided. I hereby consent to receiving notifications related to my electrical service. If for any reason I wish to dispute my bill, I will contact Murray Electric System by calling during normal business hours – (270)753-5312.

IT IS MY RESPONSIBILITY AS THE CUSTOMER TO PROVIDE ACCURATE AND UP TO DATE CONTACT INFORMATION TO MURRAY ELECTRIC SYSTEM. MES WILL DOCUMENT ALL ATTEMPTS TO REACH ME, THE ACCOUNT HOLDER, AND A FAILURE TO RECEIVE NOTICE IS MY RESPONSIBILITY, AS THE CUSTOMER. REVISIONS OR CORRECTIONS TO THIS FROM MAY BE MADE BY CALLING MES OR VISITING THE MES OFFICE AT 401 OLIVE ST, MURRAY, KY.

I hereby agree to the above conditions for service from Murray Electric System as per this NON-PAY disconnect notification.

SIGNATURE OF CUSTOMER (PERSON ON BILLING ACCOUNT):

DECLARATION OF DOMICILE FOR PURCHASE OF RESIDENTIAL UTILITIES



Account#

(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.

Name of Accountholder

_____ is the accountholder for ______ Service Address

, 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 intention of returning."

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