CITY OF TAYLORSVILLE
WATER & SEWER DEPARTMENT

WATER & SEWER SERVICE AGREEMENT

This is an agreement entered into this the _____ day of _____, 2_____, by and between the City of Taylorsville (Water Dept.), hereinafter referred to as the "City" and _____, hereinafter referred to as the "Customer/Tenant". This agreement shall be deemed as a binding contract between the City and the Customer/Tenant.

I, _____, request the City to furnish water and/or sewer service to said address and hence agrees to receive service and pay in full for services rendered in accordance with the City's standard rules and rates, as filed per Ordinance # 291, adopted June 15, 2007.

Upon the request for water and/or sewer service, the Customer/Tenant assumes full responsibility for water services rendered. The discontinuance of water service for non-payment, all account fees must be paid in full before water service shall resume. Customer/Tenant grants permission to the City to release account information, without notification, to the landlord for any discrepancies due to non-payment of services.

TENANT

_____ _____

Customer's Name: **S.S.#**

_____ _____

Spouse's Name: **S.S.#**

_____

Service Address:

Account No:# _____ **Amt Rec'd** _____

_____ _____

Customer Signature **City Representative**

CITY OF TAYLORSVILLE

WATERWORKS

CUSTOMER FORM

ACCOUNT # _____ DATE IN / OUT _____

CUSTOMER(S) NAME: _____

PHONE # _____

STREET ADDRESS OF SERVICE: _____

BILLING ADDRESS IF DIFFERENT: _____

DRIVER'S LICENSE _____ SOCIAL SECURITY # _____

WORK PHONE# _____ CELL/FAX# _____

ARE YOU THE OWNER? _____ THE TENANT? _____

OWNER'S NAME _____

EMAIL ADDRESS: _____

CUSTOMER TYPE: _____ PRIMARY RESIDENCE _____ RENTAL PROPERTY

_____ TRAILER _____ APARTMENTS _____ SEASONAL RESIDENCE _____ BARN

_____ BUILDING/GARAGE _____ FARM _____ COMMERICIAL _____ INDUSTRIAL

New customer (s) may give either his/her driver's license or social security number for the account. If two persons are responsible for the account, both names should be given when the account is started, and deposit is paid. Account number and cycle number to be assigned by office.

Total Amount to begin service: $130 ($100 for deposit and $30 activation fee)

**********For Office Use Only**********

Cycle _____

READING Beginning/Final Reading _____ Date _____

DEPOSIT Amount _____ Refundable Amount _____ Date Paid _____

Receipt # _____

HANDHELD Location DS (MXU#) _____ Meter # _____

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

DECLARATION OF DOMICILE FOR PURCHASE OF RESIDENTIAL UTILITIES

TEAM KENTUCKY

(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."

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