

MIDWAY WATER & SEWER SERVICE
APPLICATION FOR WATER, SEWER & GARBAGE SERVICE
\$75.00 Deposit Required – Check, Cashier Check, Money Order
City of Midway, PO Box 4275, Midway, KY 40347

DATE OF SERVICE: _____ DATE OF DEPOSIT: _____

ACCOUNT NUMBER: _____ METER READING: _____

NAME(S): _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

DRIVERS LIC# _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____

PREVIOUS ADDRESS: _____

YEARS AT PREVIOUS ADDRESS: _____ NUMBER IN HOUSEHOLD _____

LAST WATER AND SEWER SERVICE PROVIDER: _____

SIGNATURE: _____ DATE: _____

CITY OF MIDWAY WATER BILLING AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS

NAME(S) _____ WATER SVC ACCT # _____

I (We) hereby authorize *Midway Water, Sewer, Garbage* hereinafter called COMPANY, to initiate bank debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

VOIDED CHECK NEEDED FOR VERIFICATION OF INFORMATION

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA# _____ ACCOUNT# _____

The authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DRIVERS LICENSE _____

DATE _____ SIGNED _____

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-UNIT 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 of 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