



# Murray Electric System's Residential Application for Services

Please Check All Services Requested:

Electric

Telephone

Cable TV

Internet

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_

SSN: \_\_\_\_\_

Roommate: \_\_\_\_\_

SSN: \_\_\_\_\_

Roommate: \_\_\_\_\_

SSN: \_\_\_\_\_

Roommate: \_\_\_\_\_

SSN: \_\_\_\_\_

(Social Security numbers MUST be provided for ALL persons listed as tenants on a lease or property owners on a deed.)

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Country Issued: \_\_\_\_\_

Address Moving To: \_\_\_\_\_  
(Street Address) (Apt #/Letter)

Mailing Address if different than above: \_\_\_\_\_  
(Street Address/PO BOX #) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ (Please check one. Property owners must provide legal documentation of ownership; renters must provide a current & valid lease agreement with the lease holder and all occupants listed.)

## Closest Relative or Contact Person NOT living with you:

(This information may be used in case of emergency or to return you deposit. Please provide us with a permanent address where you can always be contacted. Students, THIS IS VERY IMPORTANT, this would be your home address or where we will mail your final bill with a portion, or all, of your deposit.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this application: You are requesting Murray Electric System to furnish electric and/or broadband services to the address listed above; you agree to receive and pay for said services in accordance with the MES Schedule of Rules & Regulations; you certify and agree to a credit check that will be performed on ALL applicants listed above through Online Utility Exchange to partially determine deposit amounts; you understand the deposit you pay today (if applicable) is not a payment, will be held until services are terminated, and applied to the final bill. IF there is a credit balance after the deposit is applied, the credit will be returned to the depositor at the forwarding address on file; you have been advised that the Rules & Regulations of MES are available for you to read, and a copy will be provided upon request at no charge; you acknowledge the schedule of Rules & Regulations shall term, subject to change without notice, and are a part of your contract with MES; you are responsible for any outstanding balance on any old account (s). If these accounts are not paid on the due date, the amount can be transferred to your 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.



# MURRAY ELECTRIC SYSTEM

## 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: \_\_\_\_\_



# MURRAY ELECTRIC SYSTEM

## ELECTRONIC NOTICE AUTHORIZATION

Date: \_\_\_\_\_

Full Name: (Last, First, Middle): \_\_\_\_\_

Service Address:(Street, City, State, Zip): \_\_\_\_\_

Mailing Address (if different from Service Address): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Call-  Text-

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Indicate with a check mark above the number or email address that should be used regarding notifications of the electrical service account, including Disconnection Notices.

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 in the manner as I have indicated above, including notifications concerning termination of my electric 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 FORM MAY BE MADE BY CALLING MES OR VISITING THE MES OFFICE AT 401 OLIVE STREET, MURRAY, KENTUCKY.

I hereby agree to the above conditions for service from Murray Electric System as per this Electronic Notice Authorization Form.

Signature of Customer (Person on Billing Account): \_\_\_\_\_

**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."

**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