

# NEW CUSTOMER PACKET FOR EXISTING SERVICE

## The Crittenden-Livingston Water District

Mailing Address: 620 East Main Street Salem Ky 42078

Phone number: 270-988-2680

After hours emergency number 270-988-2060

Office Hours: Monday- Friday 8am-4pm

Welcome to The Crittenden-Livingston Water District. Please read the information in this packet and fill out the appropriate forms. You will find all the information you need to have a great relationship with the CLWD. Upon setting up your account you will have access to set up a portal on our website [clwaterdist.com](http://clwaterdist.com) on this website you will find all kinds of useful information along with the ability to pay your monthly water bills.

Here at the water district, we offer several different ways to pay your monthly water bill. We strive to make it as easy as possible for our customers to pay their bills. Listed below are your options:

- **In office payment** (we do have a drop box on the side of the building).
- **Mail in payments**
- **Automatic Payments via a Bank account** (Please bring a voided check into the office)
- **Online payment** (Fees and charges may apply)
- **Over the phone automated payments** (Fees and charges may apply)
- **Your water bill will be due on the 15<sup>th</sup> of the month.** This means that the bill is due in the office on the 15<sup>th</sup>, unfortunately if the payments are received after the 15<sup>th</sup> there will be a ***10% late fee added to your bill.*** If the 15th falls on a Sunday or Holiday, the customer has until the next business day to pay their water bill without being assessed a penalty. We mail out your water bills on the last day of the month that we are open, and you should expect your bill around the first week of the month. **WE ARE NOT RESPONSIBLE FOR MAIL DELIVERY**

**Failure to pay your water bills:**

After the 15<sup>th</sup> of the month delinquent notices are mailed out to individuals who qualify for disconnection. You will have until the date stated on the disconnections notice to pay at a minimum the arrears on your account. Failure to do so will result in disconnection on the designated cut-off day! Payment will need to be made by 7:30am on the morning of the cut-off date to ensure you are taken off the cut-off list. After that we cannot take you off the list without payment in hand. **We are not responsible for mail delivery or if the website is down. You will still be responsible for the payment of your water bill before disconnection.**

If your water is disconnected for non-payment, you will be required to pay the **FULL** amount of your bill plus **\$50.00** reconnection for nonpayment fee before water can be reinstated.

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## **Required Documentation for New Account Holders**

**Listed below are the documentation you will be required to bring into the office upon establishing service with the Crittenden-Livingston Water District. No one can establish service for another person.**

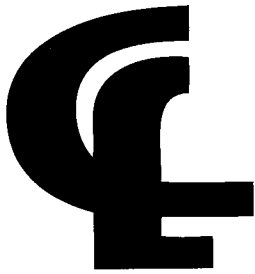
### **Landowner:**

- Photo ID
- The deed to the property (If we can confirm ownership through the PVA website, the customer does not have to bring it, please call first). The customer's name who is on the deed will need to be present to establish service.

### **Renter:**

- Photo ID
- Property Lease agreement or written permission from landlord.  
Giving you permission to have the water turned on.

**ALL Renters and Homeowners are required to pay a \$60.00 Deposit & a \$35.00 Service fee cash or check only** to establish service. This will be refunded upon the account being set final. The deposit will be used to pay the customer's final bill. If any of the deposits are left after covering the final bill, the customer will be issued a check. The check will be mailed to the final billing address the customer provides.



# CRITTENDEN-LIVINGSTON

## County Water District

620 East Main • Salem, Kentucky 42078

Phone (270) 988-2680 • Fax (270) 988-4892

## Disconnection of Service at Customers Request

The Crittenden- Livingston Water District requires 3 days' notice for disconnection of service. Please remember our billing runs a month behind. Therefor the final bill will be mailed to your new residence, you will still be responsible for said final bill. Outstanding bill do not follow the house they follow the customers. The Crittenden- Livingston Water District will not allow any individual to establish a water service who owes has a delinquent bill.

**Customer Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Final Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Final Reading Date Requested:** \_\_\_\_\_

**Request via Phone:** \_\_\_\_\_ **In Office:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Mail:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Meter Order for Office Use Only:

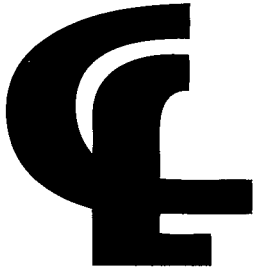
**Final Reading:** \_\_\_\_\_

**Final Reading Date:** \_\_\_\_\_ **Work Done By:** \_\_\_\_\_

**Meter Serial Number:** \_\_\_\_\_

**Previous Reading:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_



# CRITTENDEN-LIVINGSTON

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## Customer Billing Address or Phone Number Update Form

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

New Billing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

New Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Customer Signature: \_\_\_\_\_

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

# Customer Application

Today's Date: \_\_\_\_\_

Effective Date (If different): \_\_\_\_\_

**(WE DO NOT ACCEPT NEW ACCOUNT SET UPS MORE THAN 48 HOURS AHEAD OF TIME)**

Have you ever had water with us before? \_\_\_\_ Yes \_\_\_\_ No

Renter: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Is this your primary Residence: \_\_\_\_ Yes (if so Complete Declaration of Domicile form) \_\_\_\_ No

Account Holder Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you're a Renter Landlords Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**(YOU MUST PROVIDE A PHOTO ID BEFORE ESTABLISHING SERVICE)**

Billing Address (if different from Service address):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email

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

## Meter Order for Office Use only:

Effective Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Service Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Last Reading: \_\_\_\_\_ Last Reading Date: \_\_\_\_\_

Type of Work Requested: Installations \_\_\_\_\_ Reconnect \_\_\_\_\_ Disconnect \_\_\_\_\_

**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