

# Penalty Waiver Request

Berea Municipal Utilities  
Finance Department  
212 Chestnut Street  
Berea, KY 40403

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Date of Request: \_\_\_\_\_ Amount Requested to be Waived: \_\_\_\_\_

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

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

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

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

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

Berea Municipal Utilities Customers with a payment history of twelve (12) months or more, contesting the 10% penalty charged to their accounts may be granted a **one-time penalty waiver** of said charge during a **one-year period** (12 months) providing the following conditions have been met:

1. Request for waiver must be submitted, signed, and dated by the account holder.
2. Customer has had no disconnection fees, return checks or tampering fees within one-year (12 Months) prior to the request.
3. Request for a penalty to be waived must be made within 30 days of being charged the penalty.
4. Payment for the account requesting the penalty waiver, must be paid in full by the 20<sup>th</sup> of the month. Failure to receive payment by the 20<sup>th</sup> could result in disconnection of service.
5. Submitting a waiver request does not prevent disconnection of service for non-payment.

I acknowledge the above conditions. I understand that late fee waivers are issued as a courtesy and all requests are subject for review at the discretion of Berea Municipal Utilities.

\*\*\* Please allow 24 hours after submitting the waiver form for any adjustment to reflect on your account. \*\*\*

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

## For Office Use Only

Total Fees: \_\_\_\_\_ Adjusted By: \_\_\_\_\_ Date: \_\_\_\_\_

Scanned Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Attached to Account Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ Initials: \_\_\_\_\_