



04/27/2026

Mt. Washington Water Service Form

First Name Nickolas
Last Name Brinson
Phone Number (502) 489-1389
Phone Type Cell
Email Address nickbrinson413@gmail.com

Service Address 430 Joy Ave Apt 3
City Mt. Washington
State and Zip KY 40047
Same as Billing? Yes

Billing Address
City
State and Zip

Effective Service Date 05/01/2026

Type of Property? Rent (Please attach signed rental agreement)

Would you like to enroll in our automatic withdraw paperless program, which is at no additional cost to you? No

Name(s) of Account Holder
Bank Name

Bank Address

City

State

Zip Code

Transite / ABA Number

Account Number

A security deposit of \$200.00 is required for all accounts. A representative will reach out to you to collect the deposit and activate your account.

How would you like to be contacted? Email

By signing below, you acknowledge that the city of Mt. Washington Water and Sewer Company reserves the right to provide notice to the property owner / landlord in the event this account becomes delinquent.

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Commonwealth of Kentucky
DEPARTMENT OF REVENUE

**DECLARATION OF DOMICILE FOR
PURCHASE OF RESIDENTIAL
UTILITIES**



**(LANDLORDS OR OTHER ACCOUNTHOLDERS OF MUTLI-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.

[Nickolas Brinson](#) is the accountholder for [430 Joy Ave Apt 3, Mt. Washington, KY 40047](#)

I, [Nickolas Brinson](#), am the resident or [Self](#).

I declare that the address listed is my place of domicile* or the place of domicile* of [Nickolas Brinson](#) 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 the 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.

Services requested: [Water+Sewer](#)

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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 the 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

Mt. Washington Water & Sewer Co.

311 Snapp Street

P.O. Box 285

Mt. Washington, KY 40047