

# ARE YOU MOVING?

If so, please complete this form and click on the submit button at the bottom.

I am moving:  
(date)

Please send my final bill to:

Name

Address

City, State, Zip

Telephone

The new occupant of the property will be: (if not known, skip to next section)

New Name

New Telephone

Are they?  owner  
 renter

The owner of the property is:

Owner's Name

Owner's Address

Owner's City, ST,  
Zip

Owner's  
Telephone

YES I will continue to take electric service from your cooperative.

NO I will **NOT** be able to receive electric service from your cooperative.