



Jackson County REMC

A Touchstone Energy® Cooperative



NAME and/or ADDRESS CHANGE FORM (Current or Former Member)
--

REMC Customer Number: _____

Current Member Full Name(s): _____

New Member Name, Mailing Address and Contact Information:

Name(s) _____			
Address _____	City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	Email Address _____	Social Security Number _____

If name has changed:

Reason for the name change: _____

These changes are applicable to electric service currently and/or previously rendered at the following service location(s):

Location Number	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

-- Please use the back of this page for any additional service locations --

I CERTIFY THAT: There has been no change in account responsibility or in the ownership of the capital credits or of any membership fee or meter deposit credits currently being held by Jackson County REMC. I will indemnify, defend and hold Jackson County REMC harmless against any claims that may arise related to these instructions. I understand that a copy of this document will be released to any party making a contrary claim.

Member Signature (Or Legal Representative) **WITH NOTARY SEAL BELOW** _____

Title of Legal Representative (if applicable) _____

Member Printed Full Name (Or Legal Representative) _____

Date _____

Organization Printed Name (if applicable) _____

STATE OF _____)
) SS:
 COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared _____ and acknowledged the execution of the forgoing "Current or Former Member Name and/or Address Change Form". He/she is personally known to me or has produced as identification: _____

(Type of photo ID)

WITNESS my hand and Notarial Seal this ____ day of _____, 20__.

My Commission Expires: _____

Signature _____ Notary Public

My County of Residence is: _____

Printed _____

FOR OFFICE USE ONLY: RECEIVED DATE _____ ADDRESS CODE UPDATED _____ COMPLETED DATE _____ EMP. INITIALS _____
