

CAPITAL CREDITS CLAIM FORM INACTIVE ACCOUNT – ORGANIZATON

REMC Customer Number: _					
Name(s) per REMC Records: _	(Name o	f Organization or Busine	ss Per REMC Rec	cords)	
Service Location:					
Location Number		City County use the back of this page for any additional service locations)			Years of Service
Current Contact Information:					
Address	City		State	Zip	
Home Phone Cell Phone	Email Address				
I hereby certify and declare tl	ıat:				
 I understand that the refur I will be responsible for prof the proceeds. I agree to indemnify, defendagainst any subsequent class 	I, the years of service listed, and will be reduced by any out roperly distributing the capitand, and hold the Jackson Countims by any person or person will be disclosed to any indiced hereunder.	standing sums owed il credit refund to an ty Rural Electric Me s regarding paymen	I to Jackson C y parties who mbership Con t of the capita	County REL o may be e rporation al credits.	MC. entitled to a portion harmless from and
Organization Printed Full Name (Legal Nam	Federal II	Federal ID Number (Required)			
Claimant Signature (Agent Representing the Business or Organization)		Social Sec	Social Security Number (Required if Check Payable to Agent)		
Claimant Printed Full Name (Agent Represe	nting the Business or Organization)	 Date			
(Select One)	ness or Organization Name It Name Representing the Bus Ifidavit or board resolution au				
STATE OF					
COUNTY OF)					
Before me, a Notary Public, in and for sand acknowledged the execution of tidentification:	he forgoing "Capital Credits Cla			nown to m	e or has produced a
(Type of pho	oto ID)				
WITNESS my hand and Notarial Seal th	is day of, 20				
My Commission Expires:		Signature			Notary Public
My County of Residence is:					
		Printed			
FOR OFFICE USE ONLY: RECEIVED DA	ATE ADDRESS CODE UPDATE	ED COMPLETED D	ATE	EMP. INITIALS	