
Red Lake Electric Cooperative, Inc.

412 International Drive SW
P.O. Box 430
Red Lake Falls, MN 56750-0430
www.redlakeelectric.com

Office 218-253-2168
Toll-free 1-800-245-6068
Outages 218-253-2200
Fax 218-253-2630

One of the Minnkota Power Systems.

APPLICATION FOR ELECTRIC SHUT-OFF PROTECTION – MILITARY PERSONNEL

READ THE FOLLOWING INFORMATION WHICH OUTLINES THE PROVISIONS FOR POSSIBLE ASSISTANCE BEFORE COMPLETING THIS FORM.

If you can't pay your entire bill and need to make special arrangements to spread out your payments, call Red Lake Electric Cooperative, Inc. at 1-800-245-6068 or 218-253-2168 before the due date. You need not send in this form just to make a payment arrangement, simply call.

If you can't pay your entire bill and need protection from electric service shut-off, fill out this form and return it to Red Lake Electric Cooperative, Inc. immediately.

Minnesota's Utility Payment Arrangements For Military Personnel. (M.S.325E.028) is an act related to consumer protection requiring utilities to establish payment arrangements for military personnel. This law became effective August 1, 2007 and concerns the disconnection, payment arrangements, appeal and notice to Cooperative members in the military who are "issued orders into active duty, deployment, or for a permanent change in duty station." This law is effective throughout the year.

Fill out completely. Please print.

NAME _____ ADDRESS _____

CITY _____ STATE _____

PHONE: HOME _____ WORK _____ ACCOUNT NO. (FROM BILL) _____

TOTAL AMOUNT OWING \$ _____ TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

SOURCE OF INCOME ("X" APPROPRIATE BOXES):

EMPLOYMENT

DISABILITY/SOCIAL SECURITY/PENSION

I DO NOT PAY FOR ANY OF MY OWN MEDICAL EXPENSES

MEDICAL ASSISTANCE

AFDC/GA/GA MEDICAL CARE

SSI/FOOD STAMPS/XSA/CHILDREN'S HEALTH PLAN

NUMBER OF PERSONS IN HOUSEHOLD (INCLUDE YOURSELF) _____

PLEASE CHECK IF EITHER OF THE FOLLOWING EXISTS IN YOUR HOME:

MEDICAL EMERGENCY

DISABLED PERSON IN RESIDENCE

By signing this form, I hereby authorize any gas or electric utility that serves me to exchange billing information. I acknowledge that I have received, read and understand the enclosed eligibility requirements of the Electric Shut-off Protection Law. I attest that the above information is true and correct.

Customer's Signature _____ Date _____

RETURN THIS FORM AND OTHER DOCUMENTATION TO RED LAKE ELECTRIC COOPERATIVE, INC. IMMEDIATELY.