



Red Lake Electric Cooperative, Inc.

One of the Minnkota Power Systems

412 International Drive SW
PO Box 430
Red Lake Falls MN 56750

Office 218-253-2168
Fax 218-253-2630
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APPLICATION FOR ELECTRIC SHUT-OFF PROTECTION – MILITARY PERSONNEL READ THE FOLLOWING INFORMATION WHICH OUTLINES THE PROVISIONS FOR POSSIBLE ASSISTANCE BEFORE COMPELETING 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.

NAME _____ ADDRESS _____

CITY _____ STATE _____

PHONE _____ WORK _____ ACCOUNT # (From Bill) _____

SOURCE OF INCOME ("X" APPROPRIATE BOXES)

- | | |
|--|---|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> DISABILITY/SOCIAL SECURITY/PENSION |
| <input type="checkbox"/> I DO NOT PAY FOR ANY OF MY OWN MEDICAL EXPENSES | <input type="checkbox"/> MEDICAL ASSISTANCE |
| <input type="checkbox"/> AFDC/GA/GA MEDICAL CARE | <input type="checkbox"/> 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:

- | | |
|--|---|
| <input type="checkbox"/> MEDICAL EMERGENCY | <input type="checkbox"/> 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