



Electric Service Status Form

Commercial

Your Touchstone Energy® Cooperative

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Member's Full Name:		
Member #:	Account #:	Service Location #:
Service Address		
Street:		
City:	State:	Zip:
Please select one of the following options for the proper handling of your electric service:		
<input type="checkbox"/> Option #1: Transfer Service to Another Name		
<ul style="list-style-type: none"> I am no longer the owner of the electric service at this property. To the best of my knowledge, the service should be transferred to _____ (if name is not known, list realtor's information), and their phone number is _____ My final billing day is _____ (date). 		
My Forwarding Address		
Street:		
City:	State:	Zip:
Phone #:	Email Address:	
<input type="checkbox"/> Option #2: Retire the Service		
<ul style="list-style-type: none"> I own the electric service at this property. I authorize Jackson Electric Cooperative to retire this service, as I have no further use of it. I understand that all of the equipment will be removed, and I will never be able to use the service again. Any future request for service at this same or similar location will be treated as a new service request, and all new construction costs will apply. 		
<input type="checkbox"/> Option #3: Retain the Service for Future Use		
<ul style="list-style-type: none"> I own the electric service at this property. I authorize Jackson Electric Cooperative to remove the meter but retain the equipment for future use. I will pay the \$145/month plus tax "Idle Rate" to retain the service. If there is an area light at this location, I want the light ___ON ___OFF. If I elect to keep the light on, I will pay \$12/month for the light in addition to the Idle Rate. I will pay, prior to the reconnect, a \$100 reconnection charge for the field visit to reinstall a meter. 		
Member's Signature:		Date:

Jackson Electric Cooperative is an equal opportunity provider and employer.