

Electric Service Status Form

Residential

Member's Full Name		Member #	
Account #		Service Location #	
Forwarding Address and Contact Information			
Street			
City		State	Zip
Phone #		Email Address	
Please select one of the options below for the proper handling of the electric service listed below:			
Street			
City		State	Zip
<input type="checkbox"/> Option 1: Transfer the Service Out of My Name <ul style="list-style-type: none"> <input type="checkbox"/> I no longer own this property. <input type="checkbox"/> I was a tenant, and I no longer rent this property. • To the best of my knowledge, the service should be transferred to _____, and their phone number is _____ (if not known, enter realtor info). • My final billing day is _____ (month/day/year). <ul style="list-style-type: none"> <input type="checkbox"/> I am responsible for payment of the electric service at this property through my final billing day. <input type="checkbox"/> My final billing statement will be available after bill calculation is completed for the billing period. <input type="checkbox"/> My final billing statement will be mailed to my forwarding address and/or delivered paperless. <input type="checkbox"/> Any outstanding balance on my account will be turned over to collections if left unpaid. <input type="checkbox"/> Any outstanding balance must be paid in full before transferring to another Jackson Electric service location. 			
<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 \$25/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 charge to re-energize the service (on idle rate less than six months, at the discretion of Cooperative). • If I sell this property, it is my responsibility to notify Jackson Electric to end the service in my name and to inform the buyer of this location's idle service status. If the buyer fails to contact Jackson Electric, the service may be retired, and any future request for service will be treated as a new service request. • If the service has been inactive for more than one year without a completed form on file, or if payment is not received for the monthly idle service fee, the Cooperative may remove the abandoned service or line. 			
Member's Signature			Date