



Your Touchstone Energy® Cooperative 

Member Number: \_\_\_\_\_

Location: \_\_\_\_\_

Location Address: \_\_\_\_\_

Please complete this form and submit to JACKSON ELECTRIC COOPERATIVE, PO Box 546, Black River Falls, WI 54615.

**OPTION #1**

As of the date listed below, I am no longer responsible for the electric bill. To the best of my knowledge, the property owner is:

\_\_\_\_\_ Effective Date: \_\_\_\_\_

Their telephone number is: \_\_\_\_\_

**OPTION #2**

I do own this property and I hereby authorize Jackson Electric Cooperative to retire the service at the given location \_\_\_\_\_ as I have no further use of it. I understand retiring the service may very well include removal of transformer, meter loop, pole, wire, etc. I also understand, per Jackson Electric Cooperative's Rules & Regulations, once a service is retired (abandoned) and the same property owner later desires service to be restored at the same or similar location, the property owner must pay 100% of the new construction costs in advance.

**OPTION #3**

I do own this property and I hereby authorize Jackson Electric Cooperative to disconnect the meter at location \_\_\_\_\_. I want to retain the service at this location for future use. I am aware there will be an "Idle Rate" of \$20 per month billed to me. There will be a \$75 reconnection charge once the meter is reconnected. If there is an area light at the location, I want the light  ON  OFF. If the light is left on, I will be billed the monthly fee for the light along with the "Idle Rate".

Additional Comments:

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Jackson Electric Cooperative is an equal opportunity provider and employer.