



# POLK-BURNETT ELECTRIC COOPERATIVE

1001 State Road 35, Centuria, WI 54824-9020  
 715-646-2191 • 800-421-0283 • FAX 715-646-2404  
 www.PolkBurnett.com



Branch Office: 7298 State Road 70 • PO Box 201 • Siren, WI 54872

## Request to Remove a Name (Form-660)

### From:

_____	_____
Name [Member to remain on customer]	Customer Number
_____	_____
Name [Member to be removed from customer]	Social Security Number
_____	_____
Address	
_____	_____
City/State/Zip Code	Township/County

I hereby request that you remove my name, \_\_\_\_\_, from the above customer number effective immediately. I understand that by removing my name from the customer, I am waiving any and all rights to any capital credit refunds that have been earned on the account since beginning service with Polk-Burnett Electric Cooperative in \_\_\_\_\_.

### Future electric bills should now be addressed to:

_____	_____
Name	Social Security Number
_____	_____
Billing Address	City/State/Zip
_____	_____
Telephone Number	Email Address
_____	_____
Signature of Member to be removed from customer	Date
_____	_____
Signature(s) of Member(s) responsible for customer	Date

STATE OF \_\_\_\_\_ )  
 County of \_\_\_\_\_ )ss.  
 Notary Public \_\_\_\_\_  
 \_\_\_\_\_ County, \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_, the above named \_\_\_\_\_  
 \_\_\_\_\_  
 Known to me to be the person(s) who executed the foregoing  
 instrument and acknowledged the same.

STATE OF \_\_\_\_\_ )  
 County of \_\_\_\_\_ )ss.  
 Notary Public \_\_\_\_\_  
 \_\_\_\_\_ County, \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_, the above named \_\_\_\_\_  
 \_\_\_\_\_  
 Known to me to be the person(s) who executed the foregoing  
 instrument and acknowledged the same.

*Free notary service is available at both Polk-Burnett Electric Cooperative locations.*