



1554 Highway 2 / P. O. Box 69
Two Harbors, MN 55616
Phone: 218.834.2226 / 800.580.5881
Fax: 218.834.2227

Cooperative Light & Power
ELECTRIC SERVICE REMOVAL FORM

I, _____, a Cooperative Light & Power Member,
request that electric service in my residence be removed. I do not plan to use the
service for the property listed below:

Service Address

City/State/Zip

Electric Service Account Number

I further understand that once the service is removed, I will pay 100% of the
estimated cost of a new service, exclusive of the transformer and meter, should I
request that the electric service is rebuilt. I understand that the minimum charge
will be \$350.00.

Member Signature: _____ Date: _____

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this
_____ day of _____, _____.

NOTARY SEAL

Notary Signature