



Tenant's Intent to Vacate Residential

Your Touchstone Energy® Cooperative

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143



Please complete this form and submit to JACKSON ELECTRIC COOPERATIVE, N6868 County Road F, Black River Falls, WI 54615.

Member's Full Name:		
Member #:	Account #:	Service Location #:
Service Address		
Street:		
City:	State:	Zip:

Forwarding Address		
Street:		
City:	State:	Zip:
Phone #:	Email Address:	

Termination of Service	
As of the date listed, I request for the electric service to be transferred out of my name.	Date:

Landlord Contact Information	
Landlord's Name:	Phone #:

Additional Comments	

By signing below, I understand the following (please check):	
<input type="checkbox"/>	I am responsible for the electric service at this property through the service termination date provided above.
<input type="checkbox"/>	My final billing statement will not be available until after bill calculation is completed during the first week of the succeeding month.
<input type="checkbox"/>	My final billing statement will be mailed to my forwarding address. The forwarding contact information I've provided above is accurate.
<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.

Signature:	Date:
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Internal use only: Landlord was contacted and approves of service termination.	
JEC Representative:	Date:

Jackson Electric Cooperative is an equal opportunity provider and employer.