

# CAPITAL CREDIT CLAIM FORM

## For INACTIVE MEMBERS

My name as it appears on the list: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service address you received power: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address the check should be mailed to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Mail the Completed Form to:

Jay County REMC  
Attn: Capital Credits  
484 S 200 W  
Portland, IN 47371

The information in this box is to be completed by Jay County REMC.

Capital Credit #: \_\_\_\_\_

Amount Retired 1980-1982: \$ \_\_\_\_\_

## Jay County REMC

A Touchstone Energy® Cooperative 