

CAPITAL CREDIT CLAIM FORM

for

INACTIVE MEMBERS

Please complete this form and return to our office.

Name As It Appears On Membership _____

Phone Number _____ Date of Birth ___ / ___ / ___

Service Address You Received Power:

City _____ State _____ Zip _____

Address the check should be mailed to:

City _____ State _____ Zip _____

Signature _____ Date _____

Printed Name: _____

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

Capital Credit # _____

Amount Retired 1969-1973 \$ _____



**JAY COUNTY
REMC**

Mail the completed form to:

Jay County REMC
Capital Credits
PO Box 904
Portland IN 47371