

DISCONNECT &/OR RETIREMENT AUTHORITY

I, _____, hereby authorize **Jasper-Newton Electric Cooperative, Inc.** to disconnect and/or retire the electric service established for the Cooperative member listed below, and certify my authority to authorize said disconnect/retirement due to the absence of my (print person's name):

Father _____ Mother _____

Son _____ Daughter _____

Other _____ (relation to signer) _____

Account Number _____ Meter Number _____

Line Location _____

Further, the undersigned jointly agrees to indemnify, save and hold harmless **Jasper-Newton Electric Cooperative, Inc.** and its officers, employees, agents and other representatives from any and all claims, actions, damages, liabilities, or litigation arising out of the required use of cooperative personnel and equipment to perform the disconnect/retirement authorized by me.

Signature Date _____

Social Security Number of Signer Social Security Number of Member of Record

Driver's License Number of Signer Driver's License Number of Member of Record

Address of Signer

Phone Number of Signer

(If the Identification Numbers of the member of record are not available, **Jasper-Newton Electric Cooperative, Inc.** must have written or verbal (recorded) authority from the member of record to disconnect/retire the service.)

Signature of Cooperative Employee Witnessing the Document

Printed Name of Cooperative Employee Witnessing the Document