



Capital Credits Claim Form

Mail completed form to: Capital Credits Claim, Attn: Kerry Micolo, 2916 W M-28, Dafter, MI 49724



*Indicates Required Field

Select Type of Request*

Claim Request by Member

Please include a copy of a past electric bill (if available) to assist with validating identification.

Claim Request on Behalf of Deceased Member

Copy of death certificate and legal document stating your relationship to the estate must accompany this form.

Member Information

Name and Address (to whom the refund is due)* **Relationship to Deceased Member:** _____

First: _____ Middle: _____ Last: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone*: _____ Email: _____

Deceased Member Name (if applicable)

First: _____ Middle: _____ Last: _____

Last mailing address on record with Cloverland: _____

City: _____ State: _____ Zip Code: _____

Address where electric service was provided by Cloverland: _____

City: _____ State: _____ Zip Code: _____

What year(s) did you have electric services with Cloverland? _____

Statement of Entitlement*

I, _____ certify that I am entitled to receive the refund described above.
(Print Name)

Signature: _____ Date: _____

Photocopy of valid driver's license or government issued photo identification must accompany this form.

Claims will only be processed with proper documentation and valid identification.

Allow 4-6 weeks for processing. Upon validation, the capital credit refund check will be mailed to the current address provided.