



**Cloverland**  
ELECTRIC COOPERATIVE

# Capital Credits Claim Form

Mail completed form to: Capital Credits Claim, 725 E. Portage Ave., Sault Ste. Marie, MI 49783

\*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)\*

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.*