

COLUMBUS ELECTRIC COOPERATIVE, INC.

RATE CHANGE REQUEST FORM

Name on Account _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Location # (REQUIRED)	Account # (Optional)	Meter # (Optional)	Please indicate rate to change to:		Effective Date
			Irrigation Rate	Ag Rate	

Signature

Date

If you are unsure of the rate class or need more information please visit our website at www.columbusco-op.org or call our office for assistance. This request form is to be used for irrigation pumps only.

CEC USE ONLY	
ACKNOWLEDGMENT OF RECEIPT	
Request Received by: _____	Date: _____
Account(s) Changed To: _____	Effective: _____