



**CAPITAL CREDITS CLAIM FORM  
INACTIVE ACCOUNT - INDIVIDUAL(S)**

**REMC Customer Number:** \_\_\_\_\_

**Name(s) per REMC Records:** \_\_\_\_\_  
(Name(s) Per REMC Records)

**Service Location:** \_\_\_\_\_  
Location Number Address City County Years of Service  
(Please use the back of this page for any additional service locations)

**Current Contact Information:**

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Email Address

**I/We hereby certify and declare that:**

1. I/We attest to the fact that I/we were former member(s) of Jackson County Rural Electric Membership Corporation and legally entitled to claim ownership of the capital credit allocations for the service locations listed, the years of service listed, and warrant that all information supplied is true and correct.
2. I/We understand that the refund will be reduced by any outstanding sums owed to Jackson County REMC.
3. I/We will be responsible for properly distributing the capital credit refund to any parties who may be entitled to a portion of the proceeds.
4. I/We agree to indemnify, defend, and hold the Jackson County Rural Electric Membership Corporation harmless from and against any subsequent claims by any person or persons regarding payment of the capital credits.
5. I/We understand that this form will be disclosed to any individual who makes any subsequent claim or demand upon the capital credits being claimed hereunder.

\_\_\_\_\_  
Claimant Signature Social Security Number

\_\_\_\_\_  
Claimant Printed Full Name Date

\_\_\_\_\_  
Joint Claimant Signature (Spouse) Social Security Number

\_\_\_\_\_  
Joint Claimant Printed Full Name (Spouse) Date

*(NOTE: If one of the joint members is deceased, the surviving spouse may sign and return the claim form.)*

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, in and for said County and State, personally appeared \_\_\_\_\_  
and acknowledged the execution of the forgoing "Capital Credits Claim Form". He/she is personally known to me or has produced as  
identification: \_\_\_\_\_  
(Type of photo ID)

WITNESS my hand and Notarial Seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature Notary Public

My County of Residence is: \_\_\_\_\_

\_\_\_\_\_  
Printed

**FOR OFFICE USE ONLY:** RECEIVED DATE \_\_\_\_\_ ADDRESS CODE UPDATED \_\_\_\_\_ COMPLETED DATE \_\_\_\_\_ EMP. INITIALS \_\_\_\_\_