DISCONNECT &/OR RETIREMENT AUTHORITY

l,	, hereby authorize Jasper-Newton Electric Cooperative, Inc. to blished 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	
Cooperative, Inc. and its officers, employees, ag	o indemnify, save and hold harmless Jasper-Newton Electric ents and other representatives from any and all claims, actions, a required use of cooperative personnel and equipment to me.
D	ate
Signature	
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	
	<u> </u>
Phone Number of Signer	
	ecord are not available, Jasper-Newton Electric Cooperative , prity from the member of record to disconnect/retire the service.)
Signature of Cooperative Employee Witnessing t	the Document
Printed Name of Cooperative Employee Witness	ing the Document