Codington-Clark Electric Cooperative Inc. Request for Name/Address Change Only

Please change my	name and/o	or address for: (Check all that apply)	
Electric Billing		Accounts Receivable-Other	
Capital Credits		Loans	
Old:			
_		(Name)	_
_		(Address)	_
_		(City State Zip)	_
Please change to	:		
_		(Name)	_
_		(Address)	_
_		(City State Zip)	_
Social security n	umber:		
Self:		Spouse:	
Reason for chang	ge:		
Date:		Signature:	