



APPLICATION: ELECTRIC SHUT-OFF PROTECTION FOR MILITARY PERSONNEL

Please fill out this application completely and send it back, along with other necessary information, to Stearns Electric Association, PO Box 40, Melrose, MN 56352, or email it to: billing@stearnselectric.org.

FIRST NAME		LAST NAME		STEARNS ELECTRIC ACCOUNT #	
SERVICE ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE		WORK PHONE		CELL PHONE	
TOTAL AMOUNT OWED TO STEARNS ELECTRIC		TOTAL NUMBER OF PEOPLE IN YOUR HOME <i>(including yourself)</i>		TOTAL ANNUAL INCOME OF ALL PERSONS IN YOUR HOME	
\$				\$	
DOES YOUR HOUSEHOLD RECEIVE ENERGY ASSISTANCE?			IN YOUR HOME, DO YOU HAVE A MEDICAL EMERGENCY OR DISABLED PERSON?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please explain below</i>		

If you wish to be considered for Military Service Personnel protection, please send completed applications, proof of qualifying military duty, and proof of your household's monthly or annual gross income after orders are effective to:

Stearns Electric
 Attn: Manager of Member Services
 PO Box 40
 Melrose, MN 56352

OR

billing@stearnselectric.org

An application mailed without copies of your income details for verification and proof of qualifying military duty will be incomplete and you may not receive shut-off protection.

By signing this form, I give permission for Stearns Electric Association, or any public assistance agency that serves me, to exchange billing information with other energy providers and the Public Utilities Commission for the purpose of program qualification.

SIGNATURE: _____ **DATE:** _____

If you are unable to agree on a payment schedule with Stearns Electric, you have the right to appeal. Please see Minnesota Statute 325E.028 "Utility Payment Arrangements for Military Personnel" for details.