

# Patronage Capital Refund Request

If this request is for a member, complete Sections 1 and 3.  
If the request is for a deceased member, complete Sections 2 and 3.



Refunds will only be processed with proper documentation & valid proof of member identification.  
General Information/Request Refund Form Hotline: (303) 637-1200  
Allow 4-6 weeks for processing.

Office Use Only:

Identification Validated By:

\_\_\_\_\_

Date: \_\_\_\_\_

**RETURN FORM BY DECEMBER 1, 2009 TO:**

United Power  
Patronage Capital Refund Program  
PO Box 929  
Brighton, CO 80601

Office Use Only

Processed By:

\_\_\_\_\_

Date: \_\_\_\_\_

## Section 1: Refund Request Made by Member (\*Required Field)

Members are encouraged to include a copy of a past electric bill if available to assist in validating identification.

\*Name (to whom the refund is due):

\_\_\_\_\_

\*Current Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Last Mailing Address on record with United Power (if known):

\_\_\_\_\_

\_\_\_\_\_

\*Current Telephone Number:

\_\_\_\_\_

\*Email Address (in case we need to contact you for more info):

\_\_\_\_\_

United Power Member Number (If known):

\_\_\_\_\_

\*Address where service provided by United Power:

\_\_\_\_\_

\_\_\_\_\_

What year(s) did you have service with United Power?

\_\_\_\_\_

Other Identification on record with United Power (i.e. Social Security Number, Telephone)

\_\_\_\_\_

\_\_\_\_\_

## Section 2: Refund Request Made On Behalf Of Deceased Member (\*Required Field)

A copy of Death Certificate and a copy of any legal documentation that states your position with the estate must accompany this form.

\*Deceased Member Name:

\_\_\_\_\_

\*Name (to whom the refund is due)

\_\_\_\_\_

\*Current Mailing Address

\_\_\_\_\_

\_\_\_\_\_

Last mailing address on record with United Power (if known)?

\_\_\_\_\_

\*Phone # where you can be reached:

\_\_\_\_\_

United Power Member Number (if known)

\_\_\_\_\_

\*Address where service provided by United Power:

\_\_\_\_\_

\_\_\_\_\_

What year(s) did the member have service with United Power?

\_\_\_\_\_

Other Identification on record with United Power (i.e. Social Security Number, Telephone)

Email address (in case we need to contact you for more info):

\_\_\_\_\_

## Section 3: Signature

\*I, \_\_\_\_\_, certify that  
(PLEASE PRINT)

I am entitled to receive the refund described above.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\*Check all that apply:

Send check to above mailing address

Donate check to Round Up Foundation if refund is less than \$5.00