

## **Patronage Capital Refund Request**

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

	n/Request Refund Form Hotline: (303) 637-120 flow 4-6 weeks for processing.		
Identification Validated By:	Return form to: UNITED POWER, INC	Office Use Only Processed By:	
PATRONAGE CAPITAL REFUND PROGRAM  500 COOPERATIVE WAY  BRIGHTON, CO 80603		Date:	
Section 1: Refund Request Made by Member (*Required Field)		aged to include a copy of a past e to assist in validating identification.	
*Name (to whom the refund is due):	United Power Member	Number (If known):	
*Current Mailing Address:	*Address where service	e provided by United Power:	
_ast Mailing Address on record with United Power (if known):	What year(s) did you h	What year(s) did you have service with United Power?	
*Current Telephone Number:	Other Identification on Security Number, Tele	record with United Power (i.e. Social phone)	
*Email Address (in case we need to contact you for more info	)): 		
Section 2: Refund Request Made On Behalf C Deceased Member (*Required Field)		ertificate and a copy of any legal t states your position with the pany this form.	
*Deceased Member Name:	United Power Member	Number (if known)	
*Name (to whom the refund is due)	*Address where service	e provided by United Power:	
*Current Mailing Address	What year(s) did the m	nember have service with United Power?	
_ast mailing address on record with United Power (if known)?	Other Identification on Security Number, Telep	record with United Power (i.e. Social phone)	
Phone # where you can be reached:	Email address (in case	we need to contact you for more info):	
Section 3: Signature			
*I,, certify that	t *Check all that apply:		
(PLEASE PRINT)	$\square$ Send check to above	ve mailing address	
am entitled to receive the refund described above	□ Donato chack to Po	ound Un Foundation if refund is less	

than \$5.00

(SIGNATURE)

(DATE)