

**COLUMBUS ELECTRIC COOPERATIVE, INC.**

**RATE CHANGE REQUEST FORM**

Name on Account \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

<b>Location # (REQUIRED)</b>	<b>Account # (Optional)</b>	<b>Meter # (Optional)</b>	<b>Please indicate rate to change to:</b>		<b>Effective Date</b>
			<b>Irrigation Rate</b>	<b>Ag Rate</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are unsure of the rate class or need more information please visit our website at [www.columbusco-op.org](http://www.columbusco-op.org) or call our office for assistance. This request form is to be used for irrigation pumps only.

<b>CEC USE ONLY ACKNOWLEDGMENT OF RECEIPT</b>	
Request Received by: _____	Date: _____
Account(s) Changed To: _____	Effective: _____