



Howell-Oregon Electric Cooperative, Inc.
P.O. Box 649, West Plains, MO 65775

Allocation Request

I am requesting a list of the capital credit allocations that are currently assigned to the "Member" below.

Requester Name Social Security Number

Current Address

Telephone No. (Home)

Telephone No. (Work)

Member Name

Relationship to Member ("Self" if You are both Requester and Member)

1. If you are acting as Guardian, Conservator or Agent under Power of Attorney, submit a copy of your Appointment or Power of Attorney.
2. If you are acting on behalf of an estate, submit a copy of your Letters of Administration or a judgment from the Court.

Include, separately, each location you(member) lived and supply the range of years you(member) received service at that location and its address or location number including city/town. Also, please provide any additional information for the purpose of identifying specific property locations. Examples include chain of ownership of property, nearest neighbor, variation(s) of member name, or known postal address changes at that specific location.

Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

Years	Service Address/Location Number	City/Town
to		

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to		

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to		

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Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

I hereby certify that the above statements contained herein are true and complete and that no information has been withheld regarding ownership of the account. I understand that any falsification or misrepresentation of this information will be cause for denial of this request or legal action.

Signature of Requestor _____ Date _____

*****Copy of Photo Identification is Required*****