

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

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

Claimant Name _____ Social Security Number _____

Current Address _____

Telephone No. (Home) _____ Telephone No. (Work) _____

Amount or Value of Property _____

Original Member Name (as Listed in Notice) _____

Relationship to Original Owner (“Self” if You are both Claimant and Original 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 claiming on behalf of an estate, submit a copy of your Letters of Administration or a judgment from the Court.

If property being claimed is a Patronage Capital Retirement, I hereby certify the following information for the above listed “Original Member”:

Include, separately, each location you lived and supply the range of years you 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: _____

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to		

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Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

I understand that the new check issued to me will be for the replacement of an issued check. I hereby certify if the original check is ever located I will not cash it, but I will destroy or return the check to Howell-Oregon Electric Coop., Inc. P.O. Box 649 West Plains MO 65775.

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. In the event further inquiries are made regarding this account, I authorize Howell-Oregon Electric Cooperative to refer these individuals to me for resolution of their inquiry/claim. I understand that any falsification or misrepresentation of this information will be cause for denial of this claim or legal action.

Signature of Claimant Date

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