

**Transfer of Responsible Party**

This document is to certify that I, \_\_\_\_\_, am now the responsible party for service  
(Print Name)

at \_\_\_\_\_, \_\_\_\_\_. I ask that Coast Electric  
(Address) (Member Number)

Power Association change the name of my electric account from \_\_\_\_\_ to  
(Print Name)

\_\_\_\_\_. Furthermore, this document is certification that the name into which the  
(Print Name)

account is to be changed is my legal name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My signature affirms that I have read and agree to the Terms and Conditions of Service for Coast Electric Power Association.

**Please check one of the following and complete the information below:**

- ( ) Surviving Spouse
- ( ) Responsible Party

Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

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

**If remarried, complete new spouse information**

Spouse Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

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

**Please mail your completed form to:**

Coast Electric Power Association  
c/o Ashley Mayley  
P.O. Box 359  
Kiln, MS 39556

**\*\*Please include in addition to this form, a copy of the death certificate or obituary\*\***

This institution is an equal opportunity provider and employer.