



CLARKE  
ELECTRIC COOPERATIVE, INC.

## MOVING FORM

Simply complete and submit this Moving Form with the following contact information.

Full Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date To STOP Service: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Will Anyone be Moving Into/Using This Home/Service?: \_\_\_\_\_

Name of New Occupant: \_\_\_\_\_

Phone Number of New Occupant (if known): \_\_\_\_\_