



PO Box 39, Lutsen MN 55612-0039
218-663-7239

PLEASE COMPLETE THE FOLLOWING:

Date you are responsible for electric is: _____

Selling? yes no

Renting? yes no

Seller's / Landlord's Name: _____

Renter / Purchaser Name: _____

Note: AECl requires a **\$100 surety deposit** or a letter of credit from a previous utility company before we can transfer the electric service into your name.

Joint Membership? yes no

Primary Contact (or Organization): _____
(Print Name)

Birthdate: ____/____/____ **Social Security or License # & state issued:** _____

Full-time Residence Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____ ext #: _____

Cell #: (____) _____ - _____ email: _____

Cook County Seasonal Phone #: (____) _____ - _____

Joint Contact: _____
(Print Name)

Birthdate: ____/____/____ **Social Security or License # & state issued:** _____

Work Phone #: (____) _____ - _____ ext #: _____

Cell #: (____) _____ - _____ email: _____

Cook County Physical Address: _____

Mailing Address: _____

