

Membership Change of Name Form

Please complete and return this form:

(PLEASE PRINT)

I hereby request South Central Power Company to change the name of my membership which you now have as _____ to _____.

Reason for change:

Witness

Name

Social Security No.: _____

Date

Address

Signature: _____ Date: _____

Bring this enrollment form to any South Central Power office or mail it to:

South Central Power
Post Office Box 250
Lancaster, Ohio 43130-0250