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Red Lake Falls, MN 56750-0430

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Date of Notice: \_\_\_\_\_

Red Lake Electric Cooperative, Inc.

## **Payment Schedule Appeal Form**

### **Military Service Personnel**

(See Reverse Side for Additional Information)

Because we were unable to agree on a payment schedule, this is to advise you of the right to appeal your desired payment schedule to the Red Lake Electric Cooperative, Inc. board of Directors. You must file an appeal by completing this form and sending it to the Board within ten (10) working days of the date of notice (see above) or forfeit your right to appeal. The Board will advise you and Red Lake Electric Cooperative, Inc. of its decision regarding your appeal. Red Lake Electric Cooperative, Inc. will honor the payment schedule of the Red Lake Electric Cooperative, Inc. Board as long as you follow it.

If you do not agree on a payment schedule and do not appeal, your service will be disconnected without further notice. If you do appeal, your service will not be disconnected during the appeal process.

See the reverse side for details of arrangements discussed. Include any changes or remarks you may wish to add to your original proposed arrangement.

Send this appeal form to: **Red Lake Electric Cooperative, Inc.**  
**Board of Directors**  
**PO Box 430**  
**Red Lake Falls, MN 56750**

**Red Lake Electric Cooperative, Inc.**

**Utility Service Payment Schedule Appeal Form**

**Military Service Personnel**

You must complete the bottom section and file this appeal to the Red Lake electric Cooperative, Inc. Board of Directors within ten (10) working days of date of notice.

Date of Impasse: \_\_\_\_\_

Member Name: \_\_\_\_\_

Service Address:

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

Account Number:

### Service to Date:

Total Bill: \$ Arrears: \$

Total Bill: \$ \_\_\_\_\_ Arrears: \$ \_\_\_\_\_ Current Bill: \$ \_\_\_\_\_

## **ARRANGEMENTS PROPOSED BY RED LAKE ELECTRIC COOPERATIVE, INC.:**

| Amount   | Due Date |
|----------|----------|
| \$ _____ | by _____ |

Other:

Name of Cooperative Representative: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Member

## ARRANGEMENTS PROPOSED BY MEMBER:

| Amount   | Due Date |
|----------|----------|
| \$ _____ | by _____ |

Other:

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_