

P. O. Box 2430 Bay St. Louis, MS 39521

Name Change due to Divorce

This document is to cortify that I	om a mambar of Coast Floatria
This document is to certify that I,, am a member of Coast Electric (Print Name)	
Power Association, Member #	and I have recently Number)
(Member Number)	
divorced. I request Coast Electric to change the name of my electric account from	
	to .
(Print Name)	to (Print Name)
Date	Signature
*Please provide a copy of your divorce dec	ree with this form.
Please complete information below:	
Member Information	
Social Security No.	_
Home Phone No.	
Cell Phone No.	
Email Address	_
This institution is an equal opportunity provider and employer.	

Please mail your completed form to Coast Electric, c/o billing department, P.O. Box 2430, Bay St. Louis, MS 39521