



Transfer of Service to Surviving Spouse

This document is to certify that I, _____, am now the responsible party for service
(Print Name)
at _____, _____ I ask that Coast Electric
(Address) (Member Number)
change the name of my electric account from _____ to
(Print Name)
_____. Furthermore, this document is certification that the name into which the
(Print Name)
account is to be changed is my legal name.

Signature Date

My signature affirms that I have read and agree to the Terms and Conditions of Service for Coast Electric.

Please check one of the following and complete the information below:

- Surviving Spouse
- Responsible Party

Social Security No.: _____
Home Phone No.: _____
Cell Phone No.: _____
Email Address: _____

If remarried, complete new spouse information

Spouse Name: _____
Social Security No.: _____
Home Phone No.: _____
Cell Phone No.: _____
Email Address: _____

Please mail your completed form to:

Coast Electric
c/o Alyson Dubuisson
P.O. Box 359
Kiln, MS 39556

****Please include in addition to this form, a copy of the death certificate or obituary****

This institution is an equal opportunity provider and employer.