

LACREEK ELECTRIC ASSOCIATION, INC.

121 N. Harold St. P.O. Box 220

MARTIN. SOUTH DAKOTA 57551

PHONE: 605-685-6581

Member Release of Information Form

I authorize Lacreek Electr Electric account to the be	•	vide information regarding my Lacreek Business or Individual.
Organization/Business/Ir	ndividual to release infor	mation to:
Account Holders Name: _	<u>Please Print</u>	
Account Holders Name: _	<u>Please Sign</u>	
Date Signed:		

This form must be filled out by "Printing Name, Signing Name and Dating this form; otherwise it will be null and void.