

POLK-BURNETT ELECTRIC COOPERATIVE

MEMBER INFORMATION REQUEST

Note: No information concerning the cooperative, its members, personnel, directors, agents, employees or operations shall be made available (except for routine information covered in the cooperative's Policy No. M-24) unless the requesting member completely fills out and executes this information request form.

Requesting Member(s)' Name(s), Address(es) and Telephone Number(s):

(Attach additional pages, if necessary)

State **specifically** what information is being requested: _____

State **specifically** why you want such information and to what use you will or may put it:

If the request is being made on your own behalf plus that of others, please state the names, addresses and telephone numbers of the others (state only names of persons who have **authorized** you to request this information on their behalf):

(Attach additional pages, if necessary)

Policy No. M-24
Member Information Request (continued):

If you are represented by an attorney in this request, please state such attorney's name, business address and telephone number:

It is understood and agreed that, by executing this request for information, you agree that you will not put, or permit others to put, such information to a use other than that above stated.

Date _____, 20____

Signature

This section to be completed by Polk-Burnett personnel only.

ACTION TAKEN*

Date _____, 20____

Signed _____

(title)