



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

**Cooperative Light & Power Association of Lake County**

**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 scheduled to the Cooperative Light & Power Association of Lake County (CLP) 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 CLP of its decision regarding your appeal. CLP will honor the payment schedule of the CLP 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:* **CLP Board of Directors  
P. O. Box 69  
Two Harbors, MN 55616**

**Cooperative Light & Power Association of Lake County**  
**Utility Service Payment Schedule Appeal Form**  
**Military Service Personnel**

You must complete the bottom section and file this appeal to the CLP 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: \$ \_\_\_\_\_ Current Bill: \$ \_\_\_\_\_

**ARRANGEMENTS PROPOSED BY CLP**

Amount	Due Date
\$ _____	by _____
\$ _____	by _____
\$ _____	by _____
\$ _____	by _____

Other: \_\_\_\_\_

Name of CLP Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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*To Be Completed By the Member*

**ARRANGEMENTS PROPOSED BY MEMBER**

Amount	Due Date
\$ _____	by _____
\$ _____	by _____
\$ _____	by _____
\$ _____	by _____

Other: \_\_\_\_\_

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