Red Lake Electric Cooperative Inc.

One of the Minnkota Power Systems

412 International Drive SW
PO Box 430
Red Lake Falls MN 56750-0430
Phone: (218) 253-2168
email: redlake@minnkota.com

Date of Notice: _____

Red Lake Electric Cooperative, Inc.

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 Red Lake Electric Cooperative, Inc. 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 Red Lake Electric Cooperative, Inc. of its decision regarding your appeal. Red Lake Electric Cooperative, Inc. will honor the payment schedule of the Red Lake Electric Cooperative, Inc. 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: **Red Lake Electric Cooperative, Inc.**
Board of Directors
PO Box 430
Red Lake Falls, MN   56750

Red Lake Electric Cooperative, Inc.

Utility Service Payment Schedule Appeal Form
Military Service Personnel

You must complete the bottom section and file this appeal to the Red Lake Electric Cooperative, Inc. 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 RED LAKE ELECTRIC COOPERATIVE, INC. -

Amount   Due Date

$ _____ by _____

$ _____ by _____

$ _____ by _____

$ _____ by _____

Other: _____

Name of Co-op Representative: _____ Date: _____

To Be Completed By the Member

ARRANGEMENTS PROPOSED BY MEMBER –

Amount   Due Date

$ _____ by _____

$ _____ by _____

$ _____ by _____

$ _____ by _____

Other: _____

_____

Member Signature: _____ Date: _____