

Billing Name Change Request for Trust



UPPER PENINSULA POWER COMPANY

Phone: (906) 449-2013 Fax: (906) 485-2431
Mail: 500 N Washington Street, Ishpeming MI 49849

FROM: _____ EMAIL: _____

TELEPHONE NUMBER: _____

Upper Peninsula Power Company is required to obtain specific information for all billing name change requests. These items are noted with * below. **Your request cannot be processed if all of the required information is not provided. Please print.**

Name of Trust*

Street Address*

Apart/Suite #*

City/Township*

Zip Code

EIN of Trust*

I have included the following REQUIRED documentation with this application:

- Certificate of Trustee Existence
- Affidavit of Trust Authority

Name of Trustee*

Signature of Trustee*

Return form to UPPCO

Fax or mail is the preferred [more secure] method for sending personal information.

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Upper Peninsula Power Company does not discriminate on the basis of age, race, religion, national origin, sex, marital status or sexual orientation.