

Billing Name Change Request



UPPER PENINSULA POWER COMPANY

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

FROM: _____ COMPANY: _____

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.**

Date of Name Change*: _____

Last Name* Legal First Name* Middle Initial*

Service Address to be transferred* Apart/Suite #* City/Township* Zip Code

Social Security Number Phone Number (please note if home, cell, friend or relative)*

Employer/Source of Income* Work Number

Date of Birth* Driver's License/State Identification # Email Address

Previous Address*

Mailing Address (if different than address above)*

Signature of Customer* _____

Spouse/Roommate Information (if applicable): Check one: Spouse Roommate

Last Name* Legal First Name* Middle Initial*

Social Security Number* Employer/Source of Income* Work Phone Number

Current Occupant Information (please note name of current occupant and mailing address for final bill if known):

Last Name First Name Middle Initial

Mailing Address for final bill

New Phone Number

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.