

WARREN ELECTRIC COOPERATIVE, INC.

MEMBER INFORMATION REQUEST
REQUESTING MEMBER(S)' NAME(S), ADDRESS (ES) AND TELEPHONE
NUMBER(S):

(Attach additional pages if necessary)

STATE SPECIFICALLY WHAT INFORMATION IS BEING REQUESTED:

(Attach additional pages if necessary)

STATE SPECIFICALLY WHY YOU WANT SUCH INFORMATION AND TO WHAT
USE YOU WILL OR MAY PUT IT.

(Attach additional pages if necessary)

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)

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 YOURSELF PUT, OR
PERMIT OTHERS TO PUT, SUCH INFORMATION TO USE OTHER THAN THAT
ABOVE STATED.

Date: _____, 19____ Member Signature: _____

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ACTION ON REQUEST**

Date of Action: _____, 19____

Signed: _____ Title: _____

** (to be filled out by the Cooperative)