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 requred 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* Apt/Suite #* City/Township* Zip Code*

EIN of Trust*

Service Address to be Transferred* Apt/Suite #* City/Township* Zip Code*

Mailing Address (if different than address above)* Email Address

Signature of Customer*

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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Mail: 500 N Washington Street, Ishpeming MI 49849

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

Rev. September 2026