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: _____ 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.**

DATE OF NAME CHANGE*: _____

Last Name* | Legal First Name* | Middle Initial*

Service Address to be Transferred* | Apt/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.

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