



1434 State Highway 25 North • PO Box 40 • Barron, WI 54812
Phone: 800-322-1008 • Fax: 715-637-1906 • For Outages Only: 866-258-8722

ACCOUNT TRANSFER REQUEST FORM

LOCATION INFORMATION

Service Address: _____ City: _____
Effective Date of Service: _____

APPLICANT INFORMATION

Primary Applicant Name: _____
Phone: _____ Email: _____
by providing your email you agree to electronic communications from Barron Electric Cooperative

Co-Applicant Name: _____
Phone: _____

Current Member: Y N
Current Service Address:
OR Previous Service Address: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Own: Rent:
Renter - please provide Landlord information

Landlord Name: _____
Landlord Phone: _____

Barron Electric charges a refundable consumer deposit to those who have no established credit or who pose a credit risk. Prior to establishing electric service we will need to check credit history and/or have a deposit on file, plus a completed and signed "Application for Membership and Electric Service Form".

A Barron Electric representative will be in touch in order to complete this request.

Please return form to:

Barron Electric Cooperative
PO Box 40
Barron, WI 54812-0040
billing@barronelectric.com