



## Renters Contact Information Page

Member(s) Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address (if different than Location Address): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (Landline / Cell) – please circle one

\* cell carrier \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ (Landline / Cell) – please circle one

\* cell carrier \_\_\_\_\_

Email: \_\_\_\_\_

Billing preference: please mark your choice(s)

eBill: \_\_\_\_\_ paper bill: \_\_\_\_\_

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Signature(s)

Date:

\_\_\_\_\_  
\_\_\_\_\_

*Improving the quality of life, the cooperative way.*



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