

Providing Others Water and Electric Resources Request Form

Recipient Information (Please Print)	Note: Fields labeled in teal are required.
Name on the FPB Account:	•
Account # (if known):	
Street Address:	
City, State, ZIP:	
Name as you want it to appear in the "To" field of the POWER certific	rate:
Purchaser Information (Please Print)	
Name:	
Street Address:	
City, State, ZIP:	
Phone (required):	
Name as you want it to appear in the "From" field of the POWER cert	ificate:
Send certificate via email to me (the purchaser) at this email addre	ess:
Amount of your POWER purchase:	tificate purchase is \$25.
Million F GWER CCF	micare porchase is 425.
When we process your POWER transaction, we will place a credit in the FPB account. The recipient does not need to take any action when you	
151 Fly	ort Plant Board R Program ynn Avenue ort, KY 40601
Unless you selected the email option, we will mail your POWE at the address you provided above. Please allow up to 10 busine	
Would you prefer to have the POWER certificate mailed directly	y to the recipient? Yes No
If you selected "Yes" above, we will mail the POWER ce and mail your receipt to you upon proces	