

RGEC CAPITAL CREDIT CLAIM FORM

ATTACH ALL DOCUMENTS AND OTHER INFORMATION THAT SUPPORT THIS CLAIM

CLAIMANT INFORMATION

CLAIMANT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

CAPITAL CREDIT INFORMATION

INFORMATION CONCERNING CAPITAL CREDITS CLAIMED:

MEMBER NAME WHO RECEIVED CAPITAL CREDITS: _____

AMOUNT OF CAPITAL CREDITS CLAIMED: _____

DATES OF CAPITAL CREDITS, EITHER PAYMENT OR ALLOCATION:

BASIS FOR CLAIM FOR CAPITAL CREDITS:

CLAIMANT HEREBY CERTIFIES AND ATTESTS THAT THE INFORMATION INCLUDED IN THIS CLAIM FORM AND PROVIDED TO SUPPORT THIS CLAIM IS TRUE AND CORRECT.

This _____ day of _____, 20_____.

SIGNATURE OF CLAIMANT

IF REPRESENTATIVE OF CLAIMANT, IDENTIFY REPRESENTATIVE CAPACITY