Madelia Municipal Light & Power Appeal Form

Please provide all the information listed below and return this form to: Madelia Municipal Light & Power 24 Abbot Ave SW, Madelia MN 56062

Name on Account_____ Own: ☐ Rent: ☐

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Service Address: _____ Utility Account #: _____

Description of complaint/concern (attach additional written documentation if necessary):

_____
_____
_____
_____
_____

Description of action you are requesting that Madelia Municipal Light & Power take on this account:

_____
_____
_____
_____
_____

I certify that the above information I have given is true and accurate to the best of my knowledge. By signing below, I agree to allow MMLP Staff to review and investigate any or all of the above information, as needed.

_____
(Signature) (Printed Name) (Date)

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Date of review: _____ Reviewed by: _____

☐ Incomplete Information ☐ Approved ☐ Denied ☐ Other

_____
_____
_____

Date determination letter sent to customer: _____ (attach copy of determination letter to this form)