

AUTHORIZATION FOR SERVICE WORK

Date:	_
Name:	
Location where work is to be performed	:
Work to be performed:	
and its directors, officers, agents, and e	ss, Southwest Iowa Rural Electric Cooperative mployees from all claims of whatsoever nature by act of failure to act in connection with the ed pursuant to this authorization.
Authorizing Signature	_
Southwest Iowa Rural Electric Coopera	_ tive Representative
Work completed by:	Date: