

Request for Enrollment Kit

Date: _____

Company Name: _____

Contact Name: _____

Contact Signature: _____

Contact Phone #: _____

Contact Fax #: _____

Please provide an enrollment kit(s) to participate in FPUC's Provider Choice Program for the account(s) listed below:

Check One: Please mail the enrollment kit(s) to:

Please e-mail the enrollment kit(s) to:

Please e-mail to **cfggascontrol@chpk.com** or fax to **541.366.1523**