

POWER OF ATTORNEY

Erasures and alterations void this instrument

This instrument void after twenty-one days from date herein.

Know All Men These Presents, that I, the undersigned, do hereby make, constitute and appoint

Name: _____

Authorized employee of Choices in Community Living, Inc.

My true and lawful attorney-in-fact for the following described services, to-wit:

Utility Company _____ Purpose _____

and I hereby grant to my said Attorney-in-Fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises and on the telephone as fully and to all intents and purposes as I might or could do with full power of revocation, hereby ratifying and confirming all that my named Attorney shall lawfully do or cause to be done by virtue hereof, and specifically I grant to my said Attorney-in-Fact full authority to make and execute:

() Application for services in my name for the below described address.

Address _____

Signature of person giving Power of Attorney

() Application for a change of services in my name for the below described address.

Address _____

Signature of person giving Power of Attorney

() Application for transfer or stop services in my name for the below described address.

Address _____

Signature of person giving Power of Attorney

STATE OF OHIO, COUNTY OF MONTGOMERY, SS:

Before me, a notary Public in and for said state, personally appeared _____,
the grantor of this Power of Attorney, and acknowledged the he/she did sign the within instrument and that the signing of same is of his/her own free act and deed.

In testimony Whereof, I have hereunto set my hand and affixed my notarial seal on this
_____ day of _____, _____.

Notary Public in and for _____

County, Ohio, My commission Expires _____

(Seal)

