

Application for Winter Disconnect Protection

INABILITY TO PAY DECLARATION FORM

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF

FILL OUT THIS FORM AND RETURN IT TO YOUR LOCAL UTILITY COMPANY IMMEDIATELY.

NAME _____ SERVICE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE Home _____ Work _____
 ACCOUNT NUMBER FROM YOUR BILL _____
 Total amount you Owe _____

Total annual (yearly) household income \$ _____

Source of income (circle appropriate sources):

- | | |
|---------------------------|-------------------------------------|
| Employment | Disability |
| AFDC/GA | SSI/SNAP/MSA/Children's health plan |
| MNSURE/Medical Assistance | Other |

Number of persons in household (includes yourself) _____

Please circle if any of the following exists in your home:

- Medical Emergency Disabled person in residence

Payment Arrangements (Inability to pay)

I propose to pay my outstanding and future bills according to the following schedule of payments

\$ _____ BY DATE _____
 \$ _____ BY DATE _____
 \$ _____ BY DATE _____
 \$ _____ BY DATE _____
 \$ _____ BY DATE _____

Fill out this form & return it to Truman City Hall immediately. Call or stop by City hall to discuss payment schedule.

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Possible Assistance. I declare that the above information is true and correct.

Customer Signature _____ Date _____

COLD WEATHER PROTECTION



CITY OF TRUMAN

202 W. CIRO STREET
 P.O. BOX 398
 TRUMAN, MN 56088
 507-776-7951

Third Party Notification form

If you have been served a notice of proposed disconnection by your City, you may want to alert a third party (friend, relative, church group, or community agency) that a disconnection notice has been issued to you. The third party will not be responsible to pay your bill.

The third party does have the right to contact the City and provide information or work out a payment arrangement

If you want a third party to be notified of the potential disconnection, please complete this form and return it to City Hall.

Customer name _____

Account Number _____

Service address _____

Home Phone _____

Work Phone _____

Third Party _____

Third Party Addresses _____

Third Party Phone _____

Third Party Signature Date

The City has my permission to provide information to & accept information from the Third party named above.

Customer Signature Date

This Request will not be accepted without the Third Party's signature. The Customer making the request understands that the City assumes no liability for signature of Third party.

Notice of Residential Customer Rights

The Minnesota Public Utilities Commission has issued Cold Weather Rule which provides that from October 1 through April 30, a utility cannot disconnect a residential utility customer for nonpayment if the disconnection would affect your primary heat source and you enter into a mutually agreed upon payment schedule with your utility.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rule. These rights and responsibilities are designed to help you with winter utility bills. You must act PROMPTLY! If you choose not to assert your rights or choose not to enter into a mutually acceptable payment schedule, your service may be disconnected.

Specifically, the Cold Weather Rule provides you with these options:

THE RIGHT to declare your Inability to Pay your utility bill. If you do so, your service affecting your primary heat source cannot be disconnected for nonpayment of your bill, if you enter into a payment schedule with the utility. You have the right to appeal any proposed disconnection to the utility. You will have to provide the utility proof that you are unable to pay and were current in payments to the utility. Your service cannot be disconnected until this appeal is resolved.

THE RESPONSIBILITY, if you choose to declare Inability to Pay, to complete the "Inability to Pay" form on the other side of this brochure and return it to the utility within 10 days. If you mail this form, you must also contact the utility to arrange a payment plan.

THE RIGHT to a mutually acceptable payment schedule with the utility. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are able to pay but still wish to enter into a payment schedule, contact the utility immediately to arrange a schedule. (This payment schedule may be arranged by your designated third party.)

THE RESPONSIBILITY of making payments as agreed or promptly notifying the utility why you cannot keep agreement. You may then request that original payment schedule be changed. Any Change is initially subject to the utilities approval.

THE RIGHT to request that the utility notify a third party if your service becomes subject to disconnection. If you have requested third party notification, a copy of this notice has been sent to the third party.

THE RESPONSIBILITY to receive Budget Counseling from the local energy assistance provider or other financial counseling organization. Local agencies are listed below.

Disputes regarding the previously listed options can be appealed to your utility. Copies of the Cold Weather Rules are available at your local utility.

Where can you receive financial assistance?

If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local human Services or action council. These organizations may also provide budget counseling.

Salvation Army
303 Downtown Plaza
Fairmont, MN 56031
507-238-9797

Minnesota Valley Action
820 Winnebago Ave.
Fairmont, MN 56031
507-238-1663

Martin County Human Services
218 Lake Avenue
Fairmont, MN 56031