

## Cold Weather Rule: Application for Winter Disconnection Protection

Read the enclosed notice of customer rights and possible assistance before completing this form.

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED TO MAKE SPECIAL ARRANGEMENTS TO SPREAD YOUR PAYMENTS, call your utility at the number listed on the Notice of Proposed Disconnection

### 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 utility immediately. Minnesota Public Utilities Commission Cold Weather Rule provides that from Oct. 15 through April 15 a utility cannot disconnect a residential utility customer for nonpayment if you enter into, and keep current with, a mutually agreed upon arrangement with the utility.

Fill out completely-please print

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

ACCOUNT NUMBER FROM BILL \_\_\_\_\_

TOTAL AMOUNT YOU OWE \_\_\_\_\_

Total annual (yearly) household income\$ \_\_\_\_\_ Number of persons in household (include yourself) \_\_\_\_\_

Source of income (circle appropriate sources):

Employment      AFDC/GA      GA Medical Care/Medical Assistance/I do not pay  
for any of my own medical expenses

Please circle if any of following exist 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) \_\_\_\_\_

\$ \_\_\_\_\_ by(date) \_\_\_\_\_

If you are the "Third Party" for the Customer whose service is affected by this notice and are submitting this for that customer, please sign below.

Signature \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

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. I give my permission to any energy provider or public assistance agency that serves me to exchange income and billing information with other energy providers and the public utilities commission for the purpose of the program qualifications.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_