

Notice of Residential Customer Rights and Responsibilities

The Minnesota Legislature and Public Utilities Commission have issued the Cold Weather Rule. If a customer's account is current as of October 15, a utility must go through certain steps before disconnecting a customer's service. The rule applies from October 15 through April 15.

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, you must enter into a payment schedule with the utility to maintain your utility service. You have the right to appeal any proposed disconnection to your local utility. You will have to provide the utility proof that you are unable to pay and were current in payments to the utility. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

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 have proof that you are receiving any form of public assistance, you do not need to fill out the Inability to Pay Form. If you mail this form or can prove your receipt of public assistance, 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 the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to the utility's 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.

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 county welfare or Community/Citizens' Action Council (CAC). These organizations may also provide budget counseling. Please call:

Pennington County Social Services
318 Knight Ave. N.
Thief River Falls, MN 56701
(218) 681-2880

Inter-County Community Council
P.O. Box 189
Oklee, MN 56742
(218) 796-5144
1-888-778-4008
www.commerce.state.mn.us/



**Thief River Falls
Municipal Utilities
P.O. Box 528
405 Third Street East
Thief River Falls, MN 56701
(218) 681-4145**

Third Party Notification Form

If you have been served a notice of proposed disconnection by your utility, 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 utility 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 the utility.

Customer name _____

Account number _____

Service Address _____

Home Phone _____

Work Phone _____

Third Party _____

Third Party Address _____

City _____ State _____ Zip _____

Third Party Home Phone _____

Third Party Work Phone _____

Third Party Signature _____ Date _____

The utility has my permission to provide information to and 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 utility assumes no liability for failure of third party to act upon notification.

Application for Winter Disconnect Protection

INABILITY TO PAY DECLARATION FORM

IF YOU CAN'T PAY YOUR TOTAL BILL AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to your local utility immediately.

NAME _____

SERVICE ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____

ACCOUNT NUMBER _____ TOTAL AMOUNT YOU OWE _____

Total annual (yearly) household income _____ (Documentation must be included.)

Number of persons in household (include yourself) _____

Source of income (circle appropriate sources):

Employment

Disability/Social Security/Pension

AFDC/GA

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

SSI/Food Stamps/MSA/Childrens Health Plan

Other _____

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) _____.

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 here:
Signature _____
Phone No. _____ Date _____

By signing this form, I hereby acknowledge that I have received, read, and understand the Notice of Residential Customer's Rights and Responsibilities. 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 my utility for the purpose of program qualification.

Customer signature _____ Date _____