



# COLD WEATHER PROTECTION/ MILITARY PROTECTION PROCTOR PUBLIC UTILITIES

100 PIONK DRIVE PROCTOR, MN 55810  
(218) 624-4055

## ***Know Your Rights and Your Responsibilities***

### ***Did you know?***

*Some easy, inexpensive ways to cut your home heating energy costs include weather stripping, caulking, and sealing areas where cold air can enter and heat can escape. Lowering the setting on your thermostat overnight and while nobody's home is also very effective.*

## **PRIMARY HEAT SOURCE NOTICE OF RESIDENTIAL CUSTOMER RIGHTS AND RESPONSIBILITIES**

The Minnesota Legislature and Public Utilities Commission have issued the Cold Weather Rule. Under the terms of the Cold Weather Rule, 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 maybe disconnected.

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

**The Right** to complete the "Inability to Pay" form on the back and customer is at or below 50% of the state median household income.

**The Responsibility**, if you choose to declare Inability to Pay, to complete the "Inability to Pay" form and return it to Proctor Public Utilities 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 Proctor Public Utilities. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are unable 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 a 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 Proctor Public Utilities.

### **WHERE CAN YOU RECEIVE FINANCIAL ASSISTANCE?**

If you need help paying your electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact AEOA, SALVATION ARMY, MACV or SOCIAL SERVICES. These organizations may also provide budget counseling.

## **THIRD PARTY FORM**

If you have been served a notice of proposed disconnection by Proctor Public 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 Proctor Public 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 Proctor Public Utility.

Customer Name \_\_\_\_\_  
Service Address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Third Party Address \_\_\_\_\_  
Third Party Home Phone \_\_\_\_\_

Account Number \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Third Party Name \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Third Party Work Phone \_\_\_\_\_

\_\_\_\_\_  
Third Party Signature/ Date

The Proctor Public Utility has my permission to provide information to and accept information from the third party named.

\_\_\_\_\_  
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 the third party to act upon notification.**

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## NOTIFICATION FORM

IF YOU CAN'T PAY YOUR UTILITY BILL IN FULL AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to *Proctor Public Utilities* immediately.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

UTILITY ACCOUNT NUMBER \_\_\_\_\_ TOTAL AMOUNT YOU OWE \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_ NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

SOURCE(S) OF INCOME (Please indicate all appropriate sources and include copies for the past 3 months)

- Your payroll stubs
- Current copy of your unemployment benefits statement
- Disability/Social Security/Pension benefit statement
- SSI/Food Stamps/MSA/Childrens Health Plan statements
- GA Medical Care/Medical Assistance statements
- My medical expense statements
- Other \_\_\_\_\_

ELIGIBILITY GUIDELINES FOR 2017-2018	
NUMBER IN HOUSEHOLD	3-MONTHS GROSS INCOME PER HOUSEHOLD
1	\$6,250
2	\$8,173
3	\$10,096
4	\$12,019
5	\$13,942

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

Medical emergency      Disabled person in residence

To be considered for Military Service Personnel protection, please include proof of your households gross income after the effective date of military duty orders and proof of qualifying military duty, such as a copy of PCS orders.

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) \_\_\_\_\_

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 and Date

\_\_\_\_\_  
Phone Number

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 information I provided 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. I will contact the **PROCTOR PUBLIC UTILITIES** to see if my proposed arrangement is acceptable.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Phone Number