



NOTICE TO CUSTOMERS

MINNESOTA COLD WEATHER RULE

Bills can pile up just like the snow. But the Minnesota Cold Weather Rule is designed to protect people who may have trouble paying their utility bills in the winter. The Minnesota Cold Weather Rule applies from *OCTOBER 15 TO APRIL 15*. The rule, established by the Minnesota Public Utilities Commission, means that your utility company cannot disconnect your residential water service *IF* the customer meets the following criteria:

1. Utility disconnection would affect the customer's primary heat source;
2. The customer has declared inability to pay on forms provided by the utility;
3. The household income of the customer is less than 185 percent of the federal poverty level, as documented by the customer to the utility; and
4. The customer's account is **CURRENT** for the billing period immediately prior to October 15 or the customer has entered into a payment schedule and is reasonably current with payments under the schedule.

If you have trouble paying your utility bill, local agencies may be able to provide payment assistance. The Department of Human Services recommends that you contact the agencies listed below.

If you know you are going to have trouble paying your utility bills, please contact the Silver Bay Public Utilities Commission at (218) 226-4408 to work out a payment schedule.

| | |
|----------------------------------------|---------------------------------|
| Lake County Social Services: | (218) 834-8400 / (218) 226-4443 |
| Arrowhead Economic Opportunity Agency: | 800-662-5711 |

City of Silver Bay Public Utilities Department, 7 Davis Drive, Silver Bay, MN 55614

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 SHUT OFF, fill out this form and return it to the utility named on the front of this notice.

NAME: _____

SERVICE ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home: _____ Work: _____

ACCOUNT NUMBER FROM YOUR BILL: _____

TOTAL AMOUNT YOU OWE: _____

Total Annual (yearly) household income: _____

Check your type of income information enclosed with this application for all persons in your home.

- | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Your payroll stubs for the past two months | <input type="checkbox"/> AFDC |
| <input type="checkbox"/> A current copy of your unemployment benefits | <input type="checkbox"/> Social Security/Social Security Disability |
| <input type="checkbox"/> Pension/retirement benefits statement | <input type="checkbox"/> General assistance - all types |
| <input type="checkbox"/> Income tax return for the previous year | <input type="checkbox"/> Medical assistance statement |
| <input type="checkbox"/> A letter from your employer showing you have been dismissed or laid off | <input type="checkbox"/> Other, explain: _____ |

All applications mailed without copies of your income information will be incomplete, and you may not receive protection from shut off.

Number of persons in household (include yourself): _____

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 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: _____

FILL OUT THIS FORM AND RETURN IT TO THE CITY HALL IMMEDIATELY. CALL OR STOP BY THE OFFICE TO DISCUSS YOUR PAYMENT SCHEDULE.

If a customer does not respond to a disconnection notice, the customer must not be disconnected until the utility has investigated whether the residential unit is actually occupied. If the unit is unoccupied, the utility must give seven days' written notice of the proposed disconnection to the local energy assistance provider (third party) before making the disconnection. This form can be used to satisfy this requirement. It can also be sent along with the original notice of proposed disconnection in hopes of taking care of the problem at the time.

COLD WEATHER SHUT-OFF 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, 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 the form and return it to the utility.

Customer name

Account Number

Service Address

Home Phone Number

Work Phone Number

Customer Signature

Date

Name of Third Party

Third Party Address

City

State

Zip

Third Party Home Phone

Third Party Work Phone

Third Party 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.