

## Notice of Residential Customer Rights and Responsibilities

To be eligible for protection under the Cold Weather Rule (216B.097 as amended by Minnesota Laws 2001, Chapter 212, ARTICLE 4, Sec. 2.), a customer's account needs to be current as of October 15. The Cold Weather Rule applies from October 15 to 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 declare Inability to Pay, you must enter into a payment schedule with the North Branch Water & Light Utility to maintain your utility service. You have the right to appeal any proposed disconnection to the North Branch Water & Light Utility. You will have to provide us with proof that you are unable to pay and were current in payments. Your service will not be disconnected until this appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY, if you prove Inability to Pay, to complete the enclosed "Inability to Pay" form and return it to North Branch Water & Light within 10 days.** If you are receiving Energy Assistance or any form of public assistance and can document that for us, you do not have to fill out an Inability to Pay form. If you mail this form or can prove your receipt of public assistance, you must also contact North Branch Water & Light to arrange a payment plan.

**THE RIGHT to a mutually acceptable payment schedule with North Branch Water & Light.** 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 North Branch Water & Light 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 North Branch Water & Light why you cannot keep the agreement.** You may then request that the original payment schedule be changed. Any change is initially subject to North Branch Water & Light's approval.

Disputes regarding the previously listed options can be appealed to North Branch Water & Light. Copies of the Cold Weather rules are available at the North Branch Water & Light office.

If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualification information, contact your local county welfare or Community/Citizens' Action Council.

### COLD WEATHER RULE - Application for Winter Disconnect 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 the North Branch Water & Light office at (651) 674-7100.

### 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 North Branch Water & Light immediately. The Cold Weather Rule provides that from October 15 thru April 15 a utility cannot disconnect a residential utility customer if you enter into, and keep current with, a mutually agreed upon payment arrangement with the utility.

Fill out completely – please print

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

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

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

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

TOTAL AMOUNT OWED \$ \_\_\_\_\_

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 the following exists in your home: Medical Emergency Disabled Person

### 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 signing this form, I hereby acknowledge that I have received, read and understand the enclosed 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 for the purpose of program qualification.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_