



## COLD WEATHER PROTECTION

### *Know Your Rights and Your Responsibilities*

**CITY OF OLIVIA**  
**1009 W LINCOLN AVENUE**  
**OLIVIA, MN 56277**  
**320-523-2361**  
**320-523-1416 FAX**

#### *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.*

### 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 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 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 your local utility.

### 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 your local county welfare or Community/Citizen's Action Council (CAC). These organizations may also provide budget counseling.

#### **List of local assistance providers:**

Renville County Human Services  
105 S 5<sup>th</sup> Street, Suite 203h  
Olivia, MN 56277  
320-523-2202

United Community Action Partnership  
500 E DePue Avenue  
Olivia, MN 56277  
320-523-1842

Salvation Army Heat Share Program  
521 4<sup>th</sup> Street SW  
Willmar, MN 56201  
888-220-4860

**THIRD PARTY**

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.

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.

**NOTIFICATION 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 local utility immediately.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

CITY ACCOUNT NUMBER \_\_\_\_\_

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

TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

SOURCE(S) OF INCOME (Please indicate all appropriate sources)

- Employment
- AFDC/GA
- Disability/Social Security/Pension
- SSI/Food Stamps/MSA/Childrens Health Plan
- GA Medical Care/Medical Assistance/ I do not pay any of
- my medical expenses
- Other \_\_\_\_\_

Please circle if any of the following exists in your home:      Medical emergency      Disabled person in residence

**PAYMENT ARRANGEMENTS**

I propose to pay my outstanding and future bills according to the following schedule of payments.

\$ \_\_\_\_\_ 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:

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

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

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

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

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

\$ \_\_\_\_\_ by (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 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 City of Olivia to see if my proposed arrangement is acceptable.

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