



Special Notice, Sept/Oct 2014

222 Second St. SE

The Minnesota Cold Weather Rule

The Minnesota Legislature and the Minnesota Public Commission have issued a Cold Weather Rule which applies to certain residential customers from **October 15 through April 15**.

This notice is to inform customers about their rights and responsibilities under the Cold Weather Rule. These rights and responsibilities are designed to help customers 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 customers with these rights & responsibilities:

Inability to Pay:

You have **the Right** to declare the Inability to Pay your utility bill. If you do so AND if you have entered into a mutually agreed upon payment schedule with the City of Wadena/Admin.Office., the service effecting your primary heat source will not be disconnected for non-payment of your bill. However, the City of Wadena/Admin.Office may appeal this declaration of Inability to Pay to the City Administrator at which time you will need to provide proof that you are unable to pay and were current in your payments to the City of Wadena/Admin.Office. Your service cannot be disconnected until this appeal is resolved.

You have **the Responsibility**, if you choose to declare the Inability to Pay, to complete the Inability to Pay form and return it to the City of Wadena/Admin.Office within 20 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. Instead, you must provide the City of Wadena/Admin.Office. with proof that you are currently receiving public assistance. Upon providing proof of the Inability to Pay, the customer is also responsible for contacting the City of Wadena/Admin.Office to arrange a mutually agreed-upon payment plan.

Payment Schedule:

You have **the Right** to enter into a mutually acceptable payment schedule with the City of Wadena/Admin.Office. This payment schedule will cover the existing amount due plus the estimated usage during the payment schedule period. If you are able to pay, but still wish to enter into a payment schedule, please contact the City of Wadena at 218-631-7707 to make arrangements.

You have **the Responsibility** of making payments as agreed or promptly notifying the City of Wadena/Admin.Office why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any changes in the payment schedule are subject to the City of Wadena/Admin.Office's approval.

Budget Counseling:

You have **the Responsibility** to receive budget counseling from the local energy assistance provider or other financial counseling organizations.

Disputes regarding the previously listed options can be appealed to the City Administrator.

Assistance:

If you need assistance paying your gas or electric utility bills, you may qualify for state or federal energy assistance. To determine if you qualify and to receive application information, please contact one of the following organizations.

Wadena County Human Services

124 1st St. SE, Wadena, MN 56482
631-7605

MAHUBE-OTWA Community Action

311 Jefferson St. S, Wadena, MN 56482
218-632-3600 or 1-888-458-1385

Salvation Army Heat Share

1-800-842-7279

Third Party Notice

If you want us to let someone else know – as well as notifying you – that you are in danger of having your service disconnected for not paying your bill, we can provide this service. This *third party* can be any person or organization you chose: a friend, relative, church or community agency.

If this person or group receives the notice, he or they could contact the City of Wadena and confirm that you are unable to pay the bill. He or they could also arrange a payment schedule, if you want them to. The third party would not be expected or required to pay the bill.

This *Third Party Notice* is especially helpful to those who are ill, elderly or live alone. If you would like to have this service, complete the attached tear-off form and return it to the City of Wadena. Be sure to have the *third party* sign the form.

If you have questions . . .

. . . about the Minnesota Cold Weather Rule, please write or call the City of Wadena at 218-631-7707 or visit our Website: www.wadena.org.

Request for Third Party Notification

Your Name _____

Address _____

City _____ State _____ ZIP _____

Phone (Home) _____

(Work) _____

Account Number _____
(from your bill)

Name of the Person
You want us to notify
(Third Party) _____
(please print)

Address _____

City _____ State _____ ZIP _____

Phone (Home) _____

(Work) _____

Third Party
Signature _____

The City Of Wadena will make every effort to send a copy Of the Notice of Proposed Disconnection to the party specified. The City of Wadena assumes no liability for failure of the *third party* to receive or act upon the notice.

Complete this form and return it with your City of Wadena Utility bill. Or mail it to:

City of Wadena
PO Box 30
222 Second Street SE
Wadena, MN 56482

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 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 FROM YOUR BILL _____

TOTAL AMOUNT YOU OWE _____

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

Disability/Social Security/Pension

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) _____

\$ _____ 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 Number _____ 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 _____