

MINNESOTA

COLD WEATHER RULE

YOUR RIGHTS UNDER THE MINNESOTA COLD WEATHER RULE

The Minnesota Cold Weather Rule, under statute 216B.097, protects residential utility customers during the cold winter months. Under this rule, your electric service will not be disconnected from October 1 through April 30, IF you meet Cold Weather Rule requirements.

To qualify, you MUST meet ALL the following conditions:

- You declare an inability to pay and fill out an Income Verification Inability to Pay Form.
- Your total household, not individual, income is less than 50% of the state median income. You must provide the necessary documentation to support this condition.
- Contact Tri-Cap
- Enter a payment agreement with the Sauk Centre Public Utilities Commission (SCPUC).

If you do not meet all these listed conditions, then you do not qualify for the winter shut-off protection. However, you can continue to receive electric service if you call us to make an acceptable payment arrangement.

The law does allow for SCPUC to disconnect when it is necessary from October 1 to April 30, so please act promptly

To avoid a disconnection under the Cold Weather Rule, you must make and keep an acceptable payment arrangement with your utility to receive Cold Weather Rule (CWR) protection. This applies to all residential customers, including senior citizens and families with young children. If you make and keep a CWR payment arrangement, you are protected until April 30.

SCPUC works with the customers during the Cold Weather Rule period, just as we do throughout the year. We don't want to interrupt service to any customer, but as a customer of a public utility all customers suffer when any bill remains unpaid. SCPUC would rather work with the customers to establish and maintain adequate payment arrangements of their past due bill, but sometimes disconnection must be made when necessary, within the limits of the law.

Please contact SCPUC during regular business hours if you have any questions about the Cold Weather Rule or Energy Assistance Programs.

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 or community agency) that a disconnection notice has been issued to you. 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 _____

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 above.

Customer Signature _____ Date _____

This request will not be accepted without the third party's signature. The customer making this request understands that the utility assumes no liability for failure of third party to act upon notification.

**Application for Winter Disconnect
Inability to Pay Declaration Form
2023-2024**

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 _____

Home Phone _____ Work Phone _____

Account Number _____

Total annual (yearly) household income \$ _____ Number of persons in household (include yourself) _____

Source of income (circle appropriate sources)

- Employment
- AFCD/GA
- Disability/Social Security/Pension
- GA Medical Care/Medical Assistance (I do not pay my own medical expenses)
- 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) _____ \$ _____ 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 services me to exchange income and billing information with other energy providers and my utility for the purpose of qualifications.

Customer Signature _____ Date _____