**Moose Lake Water & Light Commission**

d/b/a MOOSE LAKE POWER

PO Box 418

401 Douglas Ave

Moose Lake, MN 55767

**COLD WEATHER RULES for residential customers**

 **Know your rights and responsibilities**

To be eligible for protection under the Minnesota Cold Weather Rules (Statute 216B.097), a customer’s account needs to be current as of Oct. 1st. The Cold Weather Rules apply from Oct. 1st to April 30th.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rules. 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 Rules provide you with:**

**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 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 with proof that you are unable to pay and that you were current in your payments to the utility. Your service will not be disconnected until this appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY**, if you claim inability to pay, to complete the enclosed inability to pay form and return it to your utility within 10 days. If you are receiving energy assistance or any form of public assistance and provide proof of that assistance, you do not have to complete an inability to pay form. If you mail this form or can prove your receipt of public assistance, you must also contact your utility to arrange a payment plan.

**THE RIGHT** to a mutually acceptable payment schedule with your utility. 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 your utility immediately to arrange a schedule. This payment schedule may be arranged by your designated third party.

**THE RESPONSIBILITY** to make payments as agreed or promptly notifying your utility why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is subject to your utility’s approval.

**THE RIGHT** to request that your utility notifies a third party if your service becomes subject to disconnection. The third party notification form is included in this form. If you request third party notification, a copy of this letter will be sent to the third party.

**THE RIGHT** to receive budget counseling from the local energy assistance provider or other financial counseling organization. A list of these agencies is included.

Disputes regarding the previously listed options can be appealed to your utility. Copies of the Cold Weather Rules are available at your local utility.

**Payment Arrangement/Inability to Pay**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Owed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Arrangements** - I propose to pay my outstanding bills according to the following schedule:

$\_\_\_\_\_\_\_\_\_ by date\_\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_\_ by date\_\_\_\_\_\_\_\_\_, $\_\_\_\_\_\_\_\_\_ by date\_\_\_\_\_\_\_\_\_,

By signing this form, I hereby acknowledge that I have received, read, and understand my 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 or public assistance agency for the purpose of program qualification.

Customer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must follow this payment schedule. Service will be disconnected without further notice if you fail to meet the terms of your Payment Arrangement.

Initial \_\_\_\_\_\_\_\_\_\_\_\_

**Local Energy Assistance Providers**

If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact the local energy assistance providers listed below.

 Lakes & Pines C.A.C., Inc Carlton County Human Services

 1700 Maple Ave East 316 Elm Street, PO Box 310

 Mora, MN 55051 Moose Lake, MN 55767

 800-832-6082 218-485-8520

 320-679-1800

**Third Party Notification Form**

If you want a third party to be notified of a potential disconnection, complete this form and return it to the utility company.

Customer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_

Third Party Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Party Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Third Party Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The utility has my permission to provide information to and accept information from the third party named above.

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