

NOTICE OF RESIDENTIAL CUSTOMER RIGHTS AND RESPONSIBILITIES

The Minnesota Cold Weather Rule helps protect and reconnect heat for residential customers from October 15 through April 15. If you receive a disconnection notice, you must act immediately.

AVOIDING DISCONNECTION

In order to avoid disconnection or to have service reconnected, you must either pay your bill in full or call Luverne Municipal Utilities and enter into a Payment Plan.

COLD WEATHER PAYMENT PLANS

You have the right to a payment plan during the cold-weather months. To set up a payment plan, call Luverne Municipal Utilities at 507-449-2388. If you and Luverne Municipal Utilities agree on a payment plan, and you continue to make your payments, your electricity will not be shut off. Most Cold Weather Rule payment plans last until April 15 unless you make other arrangements with Luverne Municipal Utilities. Your service could be disconnected if you have a past due payment, or a past due balance on April 15.

If you are a recipient of any other public assistance, including energy assistance, you are eligible for Cold Weather Rule protection; however, you must contact Luverne Municipal Utilities with your specific information.

If you and Luverne Municipal Utilities cannot agree on a payment plan, you have ten days to appeal to the Minnesota Public Utilities Commission. Your service will stay on during the appeal process.

THIRD PARTY NOTIFICATION

Luverne Municipal Utilities offers all customers the opportunity to have a third party notified when their electric service is about to be discontinued. This program can be especially helpful for the ill,

senior citizens, those that live alone, and customers who do not read English. The purpose of this program is to notify a third party, as well as the customer, that a Notice of Proposed Disconnection has been posted.

A third party could be a friend, relative, church, or community agency. The third party receives copies of all disconnection notices mailed to the customer but is NOT required to pay the bills. The third party is authorized to exchange information about the customer and make a payment plan with Luverne Municipal Utilities on the customer's behalf. This helps avoid the hardship that would result from disconnecting the customer's service.

If you want to name a third party, please fill out the Third Party Notice form (available at the Luverne City Offices) and return it to Luverne Municipal Utilities.

LOCAL ENERGY ASSISTANCE PROVIDERS

You may qualify for state or federal assistance. For complete qualifications and application information, please contact the following organizations:

**Southwestern MN Opportunity Council
(SMOC)**

507-376-4195 or 1-800-658-2444

Southwest Health & Human Services

507-283-5066 or 1-888-837-6713

The Salvation Army HeatShare

1-800-842-7279

Minnesota Energy Assistance

1-800-657-3710

United Way 211

211

MINNESOTA COLD WEATHER RULE

Know your rights and responsibilities



LUVERNE MUNICIPAL UTILITIES

305 E LUVERNE ST

PO BOX 659

LUVERNE, MN 56156

(507) 449-2388

www.cityofluverne.org

Luverne
MINNESOTA
Love the life!

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

If you can't pay your full bill 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 from your utility bill _____

Total amount you owe \$ _____

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) _____

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 _____