



Cold Weather Protection

For ALP Residential Customers

Application for Winter Disconnection Protection Inability to Pay Declaration Form

Name _____

Service Address _____ APT # _____

City _____ State _____ Zip _____

Phone Number (Home) _____ (Cell) _____

Account Number (from your bill) _____

Total Amount You Owe \$ _____ Total Yearly Household Income \$ _____

Source of Income _____

Public Assistance (i.e. Energy Assistance) _____

If your household income is at or below 50% the state median income or you're enrolled in an income-based assistance program such as Energy Assistance, you may automatically qualify for Cold Weather Rule protection based on your eligibility for that program.

Number of Persons in Household (including yourself) _____

Please check if any of the following exists in your home:

Medical Emergency

Disabled Person in Residence

Payment Arrangement (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) _____

Please fill out this form and return it to ALP Utilities immediately. You can call or stop by the office to discuss your payment schedule.

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer Rights and possible assistance. I declare that the above information is correct.

Customer's Signature _____ Date _____



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ALEXANDRIA, MN 56308
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Application for Winter Disconnection Protection Third Party Notification Form

If you have been served a notice of proposed disconnection by ALP Utilities, you may want to alert a third party (friend, relative, church group) that a Notice of Disconnection has been issued to you. The third party will not be responsible to pay your bill, however they do have the right to contact ALP Utilities to provide information or work out a payment arrangement.

If you wish to have a third party notified of potential disconnection, please complete the below form and return to ALP Utilities.

Account Number _____

Customer Name _____

Service Address _____

City

State

Zip

Phone Number _____

Customer Signature _____

Date _____

ALP Utilities has my permission to provide information to and accept information from the third party named below. ALP Utilities assumes no liability for failure of third party to act upon notification.

Third Party _____

Third Party Address _____

City

State

Zip

Third Party Phone _____

Third Party Signature _____

Date _____

This request will not be accepted without the third party's signature.

ALP
UTILITIES

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