

ANNUAL MINNESOTA COLD WEATHER RULE NOTICE



The Minnesota Cold Weather Rule was established to protect people who may have trouble paying their bills in winter. The Cold Weather Rule does not prohibit all winter disconnections. If you receive a Notice of Disconnection this winter, you must act immediately.

The Minnesota Cold Weather Rule applies from October 1 - April 30. The rule, established by the Minnesota Public Utilities Commission, means that your utility cannot disconnect your residential electric service during the winter if you meet ALL the following requirements:

1. The disconnection would affect your primary heat source
2. You have declared inability to pay, on forms provided by the utility ;
3. Your household income is less than 50% of the state median income level, as documented to the utility.

4. You enter into and make timely payments under a mutually acceptable payment schedule with ALP Utilities.

If you have trouble paying your utility bill, local agencies may be able to provide payment assistance. Energy assistance funds can be used to pay only the electric portion of your utility bill. If you experience trouble paying your utility bill, contact ALP at 320-763-6501. We will work with you to set up an acceptable payment schedule.

LOCAL AGENCIES THAT OFFER PAYMENT ASSISTANCE:

West Central Community Action (800) 492-4805
Salvation Army (888) 220-4808
Douglas County Social Services (320) 762-2302
City of Alexandria HRA (320) 762-1311

APPLICATION FOR WINTER DISCONNECTION PROTECTION

INABILITY TO PAY DECLARATION FORM

(IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUT-OFF, FILL OUT THIS FORM AND RETURN IT TO ALP UTILITIES IMMEDIATELY.)

NAME: _____ APT #: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

ACCOUNT NUMBER FROM YOUR BILL: _____ TOTAL AMOUNT YOU OWE: _____

Total annual (yearly) household income \$: _____

Source of income (circle appropriate sources):

Employment Disability / Social Security / Pension AFDC / GA SSI / Food Stamps / MSA / Children's Health Plan

GA Medical Care / Medical Assistant / I do not pay for any of my own medical expenses Other: _____

Number of persons in household (Including yourself): _____

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) _____

FILL OUT THIS FORM AND RETURN IT TO ALP UTILITIES IMMEDIATELY. CALL OR STOP BY THE UTILITY 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's Rights and Possible Assistance. I declare that the above information is correct.

CUSTOMER'S SIGNATURE: _____ **DATE:** _____