



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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