

## **NOTICE OF RESIDENTIAL CUSTOMER RIGHTS AND POSSIBLE ASSISTANCE**

The City of Cohasset complies with the Cold Weather Rule which provides that from October 15<sup>th</sup> through April 15, a utility cannot disconnect a residential utility customer for nonpayment if the customer's account is current as of October 15<sup>th</sup>, the disconnection would affect your primary heat source and you enter into a mutually agreed upon payment schedule with your utility.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rule. 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 Rule provides you with these options:

**THE RIGHT** to declare your inability to pay your utility bill. If you do so, your service affecting your primary heat source cannot be disconnected for nonpayment of your bill, if you enter into a payment schedule with the utility. You have the right to appeal any proposed disconnection to the utility. You will have to provide the utility proof that you are unable to pay and were current in payments to the utility. Your service cannot be disconnected until this appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY**, if you prove your inability to pay, to complete the enclosed "application for protection from shut-off" form and return it to the City of Cohasset within 10 days. Upon mailing this form, you must also contact the City of Cohasset to arrange a payment plan.

**THE RIGHT** to a mutually acceptable payment schedule with the City of Cohasset. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are able to pay and still wish to enter into a payment schedule, contact the City of Cohasset immediately to arrange a schedule. (This payment schedule may be arranged by your designated third party.)

**THE RESPONSIBILITY** of making payments as agreed or promptly notifying the City of Cohasset why you cannot keep the arrangement. You may then request that the original payment schedule be changed. Any change is initially subject to the City of Cohasset's approval.

**THE RIGHT** to request that the City of Cohasset notify a third party if your service becomes subject to disconnection. Third party notification forms have already been mailed to you. If you have requested third party notification, a copy of this notice has been sent to the third party.

**THE RESPONSIBILITY** to receive Budget Counseling from the local energy assistance provider or other financial counseling organization. A list of these agencies is included in this brochure.

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

If you need help paying your gas utility bills, you may qualify for state or federal fuel assistance. For complete qualification and application information, contact one of the following agencies:

*KOOTASCA-ENERGY ASISTANCE  
GRAND RAPIDS, MN 55744  
(218) 999-0800*

*ITASCA COUNTY HUMAN SERVICE  
GRAND RAPIDS, MN 55744  
(218)327-2941*

# **CUSTOMER RIGHTS & RESPONSIBILITIES**

## **COLD WEATHER RULE ANNUAL NOTIFICATION THIRD PARTY NOTIFICATION AND DISCONNECTION PROTECTION**

**City Of Cohasset  
Department of Public Utilities  
City of Cohasset, Minnesota**

If you have trouble paying your utility bill, local agencies may be able to provide payment assistance. The state Department of Human Services recommends you call the county in which you live.

If you know you're going to have trouble paying your utility bills, please contact the City of Cohasset Office, (218) 328-6225 to try and work out a payment schedule. We'll try to help.

**INABILITY TO PAY**

Residential customers with household incomes of less than 50 percent of the state median income who receive a Disconnection Notice may apply for inability to pay by filling out the Inability to Pay Declaration Form that is attached and returning it to the City of Cohasset within 10 days of receiving the Disconnect Notice. When you mail this form, you must also be responsible for contacting the City of Cohasset for an appointment to review your payment plan. The City of Cohasset will not disconnect your utilities while your application is being processed. If you enter into a payment plan that is acceptable to both you and the City of Cohasset and comply with the terms of your payment plan, your service will not be disconnected.

**SETTING UP A PAYMENT PLAN**

If you can't pay your full utility bills and need to make special arrangements to spread your payments, call the City of Cohasset office (218) 328-6225 to enter into a payment plan which is acceptable to both you and the City of Cohasset. The schedule must cover everything you already owe plus payment for the amount of utilities you're expected to use over the time your payment schedule covers. If the plan you request is not acceptable to the City of Cohasset, your services may be disconnected. First however, the customer has the right to appeal to the Cohasset City Council for a decision of what a fair payment schedule would be.

**THIRD PARTY NOTIFICATION**

Customers have the right to request that the City of Cohasset notify a third party if their service becomes subject to disconnection. A third party can be a friend, relative, church or community agency. A third party is not responsible for payment of the customer's bills, but may assist the customer in setting up a payment plan. If your personal circumstances require a third party, please complete and detach the form provided with this notice, have the third party sign the form, and send it in to the City of Cohasset office.

**REQUEST FOR THIRD PARTY NOTIFICATION**

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_

Account Number \_\_\_\_\_  
(from bill)

**THIRD PARTY** \_\_\_\_\_  
(please sign)

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_

Third Party signature: \_\_\_\_\_

The City of Cohasset has my permission to provide information to and accept information from the third party.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

The City of Cohasset will make every effort to send copy of the Disconnection Notice to the third party specified. The City of Cohasset assumes no responsibility to failure of a third party to receive or act upon the notice.

For your convenience, complete this form and return it with your bill statement to:

**City of Cohasset  
Department of Public Utilities  
PO Box 366  
Cohasset, MN 55721**

**COLD WEATHER RULE  
APPLICATION FOR WINTER DISCONNECT  
PROTECTION**

*(read the enclosed notice of customers rights and possible assistance before completing this form)*

**INABILITY TO PAY DECLARATION FORM**  
IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to your utility immediately. The Minnesota Public Utilities Commission Cold Weather Rule provides that, from October 15 - April 15, a utility cannot disconnect a residential utility customer for nonpayment if you enter into a mutually agreed upon payment arrangement with the utility.

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
Account Number \_\_\_\_\_  
(From bill)

Source of income (check appropriate sources):  
\_\_\_\_ AFDC/GA  
\_\_\_\_ Disability/Social Security/Pension  
\_\_\_\_ Employment  
\_\_\_\_ GA Medical Care/Medical Assistance  
\_\_\_\_ SSI/Food Stamps/MSA/Children's Health Plan  
\_\_\_\_ Other

Payment Arrangements (Inability to Pay)  
\$ \_\_\_\_\_ By (date) \_\_\_\_\_  
\$ \_\_\_\_\_ By (date) \_\_\_\_\_  
\$ \_\_\_\_\_ By (date) \_\_\_\_\_  
\$ \_\_\_\_\_ By (date) \_\_\_\_\_

By signing this form, I hereby acknowledge that I have received, read and understand the enclosed Notice of Residential Customer's Rights and Possible Assistance. I declare that the above information is true and correct. See the enclosed brochure for further information.

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

**City of Cohasset  
Department of Public Utilities  
PO Box 366  
Cohasset, MN 55721**