

NOTICE OF RESIDENTIAL CUSTOMER RIGHTS AND POSSIBLE ASSISTANCE

This notice informs you of your rights and responsibilities under the Cold Weather Rule. It is designed to help you with high winter electric bills. You must act **PROMPTLY**. If you choose not to assert your rights or choose not to enter a mutually acceptable payment plan, your service may be disconnected.

An electric utility must not disconnect the utility service of a residential customer during the period between October 15 and April 15 if the disconnection affects the primary heat source for the residential unit when the following conditions are met:

1. The household income of the customer is at or below 50 percent of the state median income. Income may be verified on forms provided by the cooperative or by the local energy assistance provider. A customer meets the income requirement if they receive energy assistance or other type of public assistance that uses an income eligibility threshold set at or below 50 percent of the state median income;
2. A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household; and
3. A customer receives from the cooperative referrals to energy assistance programs, weatherization, conservation, or other programs likely to reduce the customer's energy bills.



WHAT TO DO IF YOU DON'T MEET THE COLD WEATHER RULE

If you do not meet all the conditions of the Cold Weather Rule as outlined in this brochure, you do not qualify for winter shutoff protection. However, you still can continue to receive utility service if you call us to set up a mutually acceptable payment arrangement. You must contact the City of Harmony at 507-886-8122 **BEFORE** the due date or disconnection date.

WHAT TO DO IF YOU MEET THE COLD WEATHER LAW CONDITIONS:

If you meet all the conditions of the Cold Weather Rule as outlined in this brochure, can't pay your utility bill and need cold weather protection from utility shutoff, fill out the Cold Weather Disconnect Protection Form in this brochure and return to the City of Harmony **immediately along with your income documentation**. The following is a list of energy assistance providers serving the City of Harmony:

- SEMCAC: 800-944-3281
- Fillmore County Social Services: 507-765-2175



DID YOU KNOW THAT YOU CAN PAY YOUR UTILITY BILL ONLINE WITH A CREDIT CARD!



FREE Services! Pay now, schedule a payment or set up Auto-Pay



To view and pay utility bills, go to:

www.harmony.mn.us

Or to pay, call **877-885-7968** or download "PSN Payments" from the App Store® or Google Play™

IMPORTANT INFORMATION REGARDING WINTER UTILITY BILLS

MINNESOTA COLD WEATHER RULE

The Cold Weather Rule does not totally forbid winter utility disconnections. If you receive a disconnection notice this winter, you must act **promptly**.



City of Harmony

P.O. Box 488
225 3rd Ave SW
Harmony, MN 55939

Business Hours

8-4:30 Monday-Friday

Phone: 507-886-8122

Email: cityoffice@harmony.mn.us

Website: www.harmony.mn.us

THE COLD WEATHER RULE PROVIDES YOU WITH THESE OPTIONS

The RIGHT to request and complete the Cold Weather Disconnect Protection Form. If you do so and if your household income is less than 50% of the state median income, the service affecting your primary heat source cannot be disconnected for nonpayment of your bill. However, we have the right to accept or reject your request based on information supplied or other supporting documentation.

The RESPONSIBILITY, if you choose to declare to complete the Cold Weather Disconnect Form you must return it to us within 10 days of the notice to disconnect. You must contact us immediately to arrange a payment plan.

THE RIGHT to a mutually agreeable payment schedule with us. The schedule will cover your existing arrears plus the estimated usage during the payment schedule period.

The RIGHT not to be involuntarily disconnected on a Friday or on a day before a holiday, or until at least 20 days after the postmark on the notice to disconnect or until 15 days after the notice and information has been personally delivered.

The RIGHT not to be disconnected until the utility investigates whether the residential unit is actually occupied when a customer does not respond to a disconnection notice. If the unit is found to be occupied, the utility must immediately inform the occupant of the provisions of this section. If the unit is unoccupied, the utility must give seven days' written notice of the proposed disconnection to the local energy assistance provider before making a disconnection.

The RIGHT to appeal the disconnection of service to the Harmony City Council. If you choose to appeal, you must deliver or mail a personal letter stating your situation and issues in dispute. Your letter must be in our hands before the date of disconnection. You will be notified when the Harmony City Council will review your appeal and you may be present at the review. No disconnection of service will take place during the appeal process.



Read the notice of residential customer rights and possible assistance on form BEFORE completing this form.

COLD WEATHER DISCONNECT PROTECTION FORM

Fill out completely - (please print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Account # (from your bill) _____

Total Amount Owing \$ _____

Total annual household income \$ _____

Number of persons in household (Include yourself) _____

Source of income ("X" Appropriate Boxes):

- Employment
- Unemployment/Worker's Compensation
- Child Support
- Social Security/SSI and/or Disability/Pensions
- Medical Assistance/GA/Medical Care/MN Care
- MFIP/GA/Food Stamps/MSA
- I do not pay for my own medical expenses.
- Other

Payment Arrangements (inability to pay)

I propose to pay my outstanding and future bills to the following schedule:

\$ _____ by date _____

\$ _____ by date _____

\$ _____ by date _____

\$ _____ by date _____

\$ _____ by date _____

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

- Medical emergency
- Disabled person in home
- I have already been approved for fuel assistance or emergency assistance from a local energy assistance agency based on my income.

By signing this form, I hereby authorize any gas or electric utility that serves us to exchange billing information. I also authorize any energy assistance providers or human service agencies to exchange any income information to help determine income eligibility. I acknowledge that I have received, read and understand the enclosed Notice of Residential Customer Rights and Possible Assistance. I attest that the above information is true and correct.

Signature _____ Date _____

Income documentation must be included with this form per the notice instructions.

