

### **Notice to residential customers**

(a) A municipal utility or a cooperative electric association must not disconnect and must reconnect the utility service of a residential customer during the period between October 1 and April 30 if the disconnection affects the primary heat source for the residential unit and all of the following conditions are met:

(1) The household income of the customer is at or below 50 percent of the state median household income. A municipal utility or cooperative electric association utility may (i) verify income on forms it provides or (ii) obtain verification of income from the local energy assistance provider. A customer is deemed to meet the income requirements of this clause if the customer receives any form of public assistance, including energy assistance, that uses an income eligibility threshold set at or below 50 percent of the state median household income.

(2) A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household.

(3) A customer receives referrals to energy assistance, weatherization, conservation, or other programs likely to reduce the customer's energy bills.

(b) A municipal utility or a cooperative electric association must, between August 15 and October 1 each year, notify all residential customers of the provisions of this section.

### **Notice to residential customer facing disconnection**

Before disconnecting service to a residential customer during the period between October 1 and April 30, a municipal utility or cooperative electric association must provide the following information to a customer:

- (1) a notice of proposed disconnection;
- (2) a statement explaining the customer's rights and responsibilities;
- (3) a list of local energy assistance providers;
- (4) a form on which to declare inability to pay; and
- (5) a statement explaining available time payment plans and other opportunities to secure continued utility service.

### **Restrictions if disconnection necessary**

(a) If a residential customer must be involuntarily disconnected between October 1 and April 30 for failure to comply with subdivision 1, the disconnection must not occur:

(1) on a Friday, unless the customer declines to enter into a payment agreement offered that day in person or via personal contact by telephone by a municipal utility or cooperative electric association;

(2) on a weekend, holiday, or the day before a holiday;

(3) when utility offices are closed; or

(4) after the close of business on a day when disconnection is permitted, unless a field representative of a municipal utility or cooperative electric association who is authorized to enter into a payment agreement, accept payment, and continue service, offers a payment agreement to the customer

Further, the disconnection must not occur until at least 30 days after the notice required in subdivision 2 has been mailed to the customer or 15 days after the notice has been personally delivered to the customer.

(b) If a customer does not respond to a disconnection notice, the customer must not be disconnected until the utility investigates whether the residential unit is actually occupied, which the utility may accomplish in one of the following ways; visiting existing residential unit or examining energy usage data obtained through advanced metering infrastructure to determine whether there is energy usage over at least a 24-hour period that indicates occupancy.

(c) If, prior to disconnection, a customer appeals a notice of involuntary disconnection, as provided by the utility's established appeal procedure, the utility must not disconnect until the appeal is resolved.

### **Service limiters**

For the purposes of this section, "disconnection" includes a service or load limiter or any device that limits or interrupts electric service in any way.

### **Financial Assistance**

If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local county human services office or Community/Citizen's Action Council (CAC). These organizations may also provide budget counseling:

Becker County Human Services  
Department  
Becker County Courthouse Annex  
712 Minnesota Avenue  
Detroit Lakes, MN 56501  
(218) 847-5628

Mahube-Otwa Community Action  
1125 West River Road  
Detroit Lakes, MN 56501  
218-847-1385

To obtain an Inability to Pay declaration Form please visit the City Administration building at 1025 Roosevelt Ave, Detroit Lakes

# 'COLD'

## **WEATHER PROTECTION**

Know your  
rights and  
responsibilities

## **DETROIT LAKES PUBLIC UTILITIES**

1025 Roosevelt Avenue  
PO Box 647  
Detroit Lakes, MN 56502  
(218) 847-7609

**Third Party Notification Form**

If you have been served a notice of proposed disconnection by your utility you may want to alert a third party (friend, relative, church group or community agency) that a disconnection notice has been issued to you. The third party does have the right to contact the utility and provide information or work out a payment arrangement.

If you want a third party to be notified of the potential disconnection, please complete this form and return it to the utility.

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Third Party \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Third Party Home Phone \_\_\_\_\_

Third Party Work Phone \_\_\_\_\_

Third Party Signature \_\_\_\_\_ Date \_\_\_\_\_

The utility has my permission to provide information to and accept information from the third party named above.

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

**This request will not be accepted without the third party's signature.** The customer making this request understands that the utility assumes no liability for failure of third party to act upon notification.

**Application for Winter Disconnect  
Inability to Pay Declaration Form  
2021-2022**

If you can't pay your full bills and need cold weather protection from utility shutoff, fill out this form and return it to you local utility immediately.

Name \_\_\_\_\_

Service Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Account Number \_\_\_\_\_

Total annual (yearly) household income \$ \_\_\_\_\_ Number of persons in household (include yourself) \_\_\_\_\_

Source of income (circle appropriate sources)

- Employment
- AFCD/GA
- Disability/Social Security/Pension
- GA Medical Care/Medical Assistance (I do not pay my own medical expenses)
- Other \_\_\_\_\_

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) \_\_\_\_\_ \$ \_\_\_\_\_ by (date) \_\_\_\_\_

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this for that customer, please sign here.

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Responsibilities. I declare that the above information is true and correct. I give my permission to any energy provider or public assistance agency that services me to exchange income and billing information with other energy providers and my utility for the purpose of qualifications.

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