Notice of Residential Customer Rights and Responsibilities

The Cold Weather Rule, Section 216B.096 of the Public Utilities Act, provides that from October 1st through April 30th, a Public Utility cannot disconnect a residential consumer for nonpayment if the disconnection affects the primary heat source and all of the following conditions are met:

- The household income of the customer is at or below 50 percent of the state median household income. 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.
- A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household.

These rights and responsibilities are designed to help you with winter utility bills.

Specifically, the Cold Weather Rule provides you with:

THE RIGHT to declare your "Inability to Pay". If you do so, you have the right to enter into a mutually acceptable payment schedule with the utility to maintain your utility service. You have the right to appeal any proposed disconnection to your local utility. You will have to provide the utility proof that you are unable to pay along with a copy of your signed utility payment agreement. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

AND THE RESPONSIBILITY, if you choose to declare Inability to Pay, complete the "Inability to Pay" form on the other side of this brochure and return it to the utility within 10 days. If you have proof that you are receiving any form of public assistance, you do need to fill out the Inability to Pay Form. If you mail this form or can prove your receipt of public assistance, you must also contact the utility to arrange a payment plan.

THE RIGHT to request that the utility notify a third party if your service becomes subject to disconnection. If you have requested third party notification, a copy of this notice has been sent to the third party.

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

AND THE RESPONSIBILITY of making payments as agreed or immediately notifying the utility why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is subject to the utility's approval.

Princeton Public Utilities is committed to working with customers during the Cold Weather Rule period.

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

Where can you receive 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 welfare or Community/Citizens' Action Council (CAC). These organizations may also provide budget counseling. Please call:

List of local energy assistance providers

Lakes & Pines Mora, MN 55051-1227 1-800-832-6082 www.lakesandpines.org

Salvation Army - HEAT SHARE 1-888-301-0643 centralusa.salvationarmy.org/northern/ StCloud/heatshare

Mille Lacs County Services 1-320-983-8208 or 1-888-270-8208 www.millelacs.mn.gov

Information on ways to reduce your utility bills can be found at www.SaveEnergyInPrinceton.com

The Minnesota "Cold Weather Rule"...



Princeton Public Utilities 907 First Street, P.O. Box 218 Princeton, MN 55371 763-389-2252 www.princetonutilities.com

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 will not be responsible to pay your bill. 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 | | | | |
| Third Party Address | | | | |
| City | State | Zip | | |
| Third Party Home Phone | | | | |
| Third Party Work Phone | | | | |
| Third Party Signature | | Date | | |
| The utility has my permission to provide information to & 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 the request understands that the utility assumes no liability for failure of third party to act upon notification.

Application for Winter Disconnect Protection

INABILITY TO PAY DECLARATION FORM

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, contact Princeton Public Utilities to arrange and sign a payment plan. In order to make payment arrangements, you must complete this form and bring to Princeton Public Utilities Office in person. Income may be verified by the local energy assistant provider.

| NAME | | DATE | | |
|---|--|--|---|--|
| SERVICE ADDRESS | | | APT. # | |
| CITY | | STATE | ZIP | |
| PHONE | | WORK _ | | |
| ACCOUNT NUMBER FROM | YOUR BILL | | | |
| | | | | |
| Total annual (yearly) household income \$ | | Number of persons in household (Include yourself) | | |
| Source of Income (circle app | ropriate sources): | | | |
| Employment | | Disability/Social Security/Pension | | |
| AFDC/GA | | SSI/Food Stamps/MSA/Children's Health Plan | | |
| GA Medical Care/Medical Assistance/ I do not pay for any of my own medical expenses | | Other | | |
| Please circle if any of the following exists in your home: | | Medical emergency | Disabled person in residence | |
| Payment Arrangements Bring this completed form and income documentation to Princeton Public Utilities | NameName | Date of Birth Date of Birth | Soc. Sec. # Soc. Sec. # | |
| for reviewal | | | Soc. Sec. # | |
| and to set up a payment schedule | | | Soc. Sec. # | |
| By signing this form, I hereby er's Rights and Responsibiliti provider or public assistance | y acknowledge that I have rece es. I declare that the above inf | ormation is true and con nange income and billing | if Necessary) and the Notice of Residential Custom- rrect. I give permission to any energy g information with other energy pro- | |
| Customer Signature: | | | Date: | |