

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 SHUT-OFF, fill out this form and return it to your utility immediately. The Cold Weather Rule provides that from October 15 through April 15 a utility cannot disconnect a residential utility customer if you enter into, and keep current with, a mutually agreed upon payment arrangement with the utility.

Fill out completely ---- please print

NAME _____

SERVICE ADDRESS _____ CELL PHONE NO. _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____

ACCOUNT NUMBER FROM YOUR BILL _____

TOTAL AMOUNT YOU OWE _____

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

Source of income (circle appropriate sources): Employment _____ AFDC/GA _____

GA Medical Care/Medical Assistance/I do not pay for any of my own medical expenses _____

Please circle if any of the following exists in your home: Medical emergency Disabled person

Payment Arrangements (Inability to Pay)

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

\$ _____ by date _____

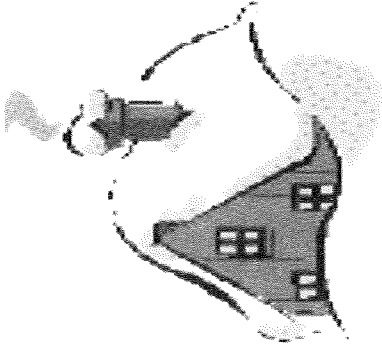
\$ _____ by date _____ \$ _____ by date _____

\$ _____ by date _____ \$ _____ by date _____

By 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. I give my permission to any energy provider or public assistance agency that serves me to exchange income and billing information for the purpose of program qualification.

Customer Signature _____ Date: _____

COLD WEATHER PROTECTION



Know Your Rights and Responsibilities

St. James Public Utilities
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(507) 375-3241