

## Notice of Residential Customer Rights and Responsibilities

The Cold Weather Rule is a Minnesota law identified in state statute 216B.096. If a customer's account is current as of October 1, a utility must go through certain steps before disconnecting a customer's service. The rule applies from October 1 through April 30.

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.

***The Cold Weather Rule provides you with the following rights and responsibilities:***

**THE RIGHT** to declare your inability to pay your utility bill. If you do so, you must enter into a payment schedule with Willmar Municipal Utilities (WMU) to maintain your utility service. You have the right to appeal any proposed disconnection to WMU. You will have to provide WMU proof that you are unable to pay and were current in payments to the utility. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY**, if you choose to declare inability to pay, to complete the "Inability to Pay" form on the other side of this brochure and return it to WMU within 10 days of Notice of Disconnection. If you have proof that you are receiving any form of public assistance, you do not need to fill out the Inability to Pay form but you must contact WMU to arrange a payment plan.

**THE RIGHT** to a mutually acceptable payment schedule with WMU. 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 WMU 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 WMU why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to WMU's approval.

**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.

Disputes regarding the previously listed options can be appealed to Willmar Municipal Utilities during regular business hours at 700 Litchfield Ave SW, Willmar, MN 56201.

### 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 human services office or Community/Citizens' Action Council (CAC). These organizations may also provide budget counseling. Examples of a CAC include:

United Community Action Partnership  
200 SW 4th St.  
Willmar, MN 56201  
Phone (320) 235-0850  
1-800-992-1710

Kandiyohi County Family Services  
Health and Human Services Building  
1900 Hwy. 294 NE, Suite 1020  
Willmar, MN 56201  
Phone (320) 231-7800

Salvation Army HeatShare Program  
521 SW 4th St., P. O. Box 734  
Willmar, MN 56201  
Phone (320) 235-2033

# Minnesota Cold Weather Rule

2022-2023

**Willmar**   
**Municipal**  
**Utilities** 

700 Litchfield Avenue SW  
P.O. Box 937  
Willmar, MN 56201  
(320) 235-4422  
[www.wmu.willmar.mn.us](http://www.wmu.willmar.mn.us)

### 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 has 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 \_\_\_\_\_

Phone \_\_\_\_\_

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

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

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

Third Party 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, fill out this form and return it to your local utility immediately.

NAME \_\_\_\_\_

SERVICE ADDRESS, \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ (circle one) HOME MOBILE WORK

ACCOUNT NUMBER FROM YOUR BILL \_\_\_\_\_

TOTAL AMOUNT YOU OWE \_\_\_\_\_

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

Enclosed with this application is the income information for all persons in the home (circle appropriate sources):

- Employment      AFDC (MFIP or DWP)/GA/SNAP/MA
- SSI/MSA          Disability/Social Security/Pension
- Other & explain \_\_\_\_\_

Please circle if any apply: Elderly (over 65) Person in Residence      Medical emergency      Disabled person in residence

#### Proposed Payment Arrangements (inability to pay):

I am Applying for: \_\_\_\_\_ Inability to Pay  
\_\_\_\_\_ Request for 10% Payment Plan (you can pay at least 10% of your monthly income or the full amount of your current bill, whichever is less, in the cold weather months. This amount would not include any arrears.

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) \_\_\_\_\_

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 serves me to exchange income and billing information with other energy providers or public assistance agency that serves me to exchange income and billing information with other energy providers and my utility for the purpose of program qualification.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_