**Application for Winter Disconnect Protection**

**INABILITY TO PAY DECLARATION FORM**

The Cold Weather Rule provides that from October 1 through April 30 a utility cannot disconnect a residential utility customer if you enter into, and keep current with, a payment arrangement with the utility. Fill out this form and return it to the TRF Utility Billing Office within seven days.

FILL OUT COMPLETELY – PLEASE PRINT

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

Service Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utility Account Number (from your bill) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount You Owe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Yearly Household Income (including yourself) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (verification may be requested)

Total Number of People in Household (including yourself) \_\_\_\_Military Personnel On Active Duty \_\_\_\_

Circle Applicable Items:

Income: Payroll/Unemployment MFIP/GA Social Security/Pension

Medical: GA Medical Care Medical Assistance Do Not Pay Medical Expenses

Medical Emergency Disabled Person in Home Medically Necessary Equipment

I propose to pay my past due and monthly bills according to the following schedule of payments:

**IMPORTANT INFORMATION**

**Call TRF Municipal Utilities at**

**218-681-4145 within 10 days after you return this form to discuss your payment schedule and confirm that it is acceptable.**

**Agreed upon payments must be paid by the due date each month.**

|  |  |
| --- | --- |
| **Payment Amount** | **Due Date** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

By signing this form, I hereby acknowledge that I have received, read and understood 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 for the purpose of program qualification.

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

WEATHER

PROTECTION

**Know Your Rights &**

**Responsibilities**

A logo of a state

Description automatically generated

**Thief River Falls**

**Municipal Utilities**

**P.O. Box 528**

**405 Third Street East**

**Thief River Falls, MN 56701**

**(218) 681-4145**

[**www.citytrf.net**](http://www.citytrf.net)

**email:** [**billing@citytrf.net**](mailto:billing@citytrf.net)

**Notice of Residential Customer**

**Rights and Responsibilities**

The Minnesota Legislature and Public Utilities Commission have issued the Cold Weather Rule. A customer’s electricity can be disconnected if the Cold Weather Rule steps are not followed. 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 payment schedule, your service can and will be disconnected!

Specifically, the Cold Weather Rule provides you with these options:

THE RIGHT to declare the inability to pay your utility bill. If you do so, you must enter into a 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 and were current in payments to the utility. Your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

THE RESPONSIBILITY to complete the inability to pay form on the other side of this brochure and return it to the utility within 10 days of the postmarked date on the disconnection notice. If you are receiving Energy Assistance or any form of public assistance and can document that, you do not have to fill out an 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 a 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.)THE RESPONSIBILITY of making payment as agreed or promptly notifying the utility of why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to the utility’s approval.

THE RIGHT to request that the TRF Utility Billing Office notify a third party if your service becomes subject to disconnection. If you would like to request a third-party notification, please complete and detach the form provided on this notice, have the third party sign it, and send it to the TRF Utility Billing Office.

THE RESPONSIBILITY to receive Budget Counseling from the local energy assistance provider or other financial counseling organizations. A list of agencies is included in this brochure. Disputes regarding the previously listed options can be appealed to your utility. Copies of the Cold Weather Rule are available at your local utility.

**If you need help paying your utility bill, please see the local Energy Assistance providers listed below:**

**Pennington County Social Services**

318 Knight Ave. N.

Thief River Falls, MN 56701

(218) 681-2880

**Inter-County Community Council**

P.O. Box 189

Oklee, MN 56742

(218) 796-5144

1-888-796-5144

**Salvation Army**

211 Arnold Ave. N.

Thief River Falls, MN 56701

(218) 341-0257

(218) 681-3855**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 the request understands that Thief River Falls Municipal Utilities assumes no liability for failure of the third party to act upon notification.