

# COLD WEATHER GUIDELINES

RPU's objective is to ensure that residential customer accounts are protected during the cold weather period and follow the requirements of Minnesota Statute 216B.097.

Minnesota Statute 216B.097 states that a municipal utility 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 is at or below 50 percent of the state median income. RPU may verify income on forms it provides or 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) the customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household. "Reasonably timely payment" means payment within five working days of agreed-upon due dates;
- 3) the customer receives referrals to energy assistance, weatherization, conservation, or other programs likely to reduce the customer's energy bills.

If the above conditions are not met, RPU can disconnect utility service(s) for non-payment during the cold weather period between October 1 and April 30. Before disconnecting a residential service, RPU will provide the following information to the 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.

RPU is required to give notice of proposed disconnection to the local energy assistance provider and the Department of Commerce.

The applications required for cold weather protection are available inside this brochure.

If you have questions regarding these guidelines please contact RPU Customer Care at 507-280-1500 or visit [www.rpu.org](http://www.rpu.org).

# COLD WEATHER RESOURCES

## ENERGY ASSISTANCE PROGRAM

Three Rivers Community Action  
800-277-8418

[www.threeriverscap.org](http://www.threeriverscap.org)

## EMERGENCY ASSISTANCE

Olmsted County Family Support & Assistance  
507-328-6500

## ENERGY CONSERVATION AND PROGRAMS

Rochester Public Utilities  
507-280-1500

[www.rpu.org](http://www.rpu.org)

## HOME ENERGY GUIDE

Minnesota Department of Commerce  
[mn.gov/commerce/energy/conserving-energy/home-energy-guide/](http://mn.gov/commerce/energy/conserving-energy/home-energy-guide/)

## WEATHERIZATION ASSISTANCE PROGRAM

Minnesota Department of Commerce  
[mn.gov/commerce/energy/consumer-assistance/wap/](http://mn.gov/commerce/energy/consumer-assistance/wap/)



4000 East River Road NE  
Rochester, MN 55906-2813

507-280-1500  
[www.rpu.org](http://www.rpu.org)

# COLD WEATHER PROTECTION

What you should know about the Cold Weather Rule and winter utility bills.



# COLD WEATHER PROTECTION APPLICATION

If you cannot pay your bill in full and need cold weather protection, fill out this form and return it immediately with your bill or visit the RPU Service Center.

Name \_\_\_\_\_

Account Number from RPU Bill \_\_\_\_\_

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

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

Primary Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Total Amount you Owe \$ \_\_\_\_\_ Total # of Persons in Household \_\_\_\_\_

Total Annual Household Income \$ \_\_\_\_\_

## Sources of Income (check all that apply for your household):

- Employment  GA Medical Care / Medical Assistance  
 AFDC/GA  I do not pay for any of my own medical expenses.  
 Other (describe): \_\_\_\_\_

## Please indicate if any of the following exists in your home (check all that apply):

- Medical Emergency  
 Disabled Person in Residence

**PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

## PAYMENT ARRANGEMENT:

I agree to the following payment arrangement and will bring my total account balance current by April 30:

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

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

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

By signing this form, I declare 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 agencies that serve my utility for the purpose of program qualification. **I understand failure to comply with the payment arrangement may result in disconnection.**

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

# THIRD PARTY NOTIFICATION REQUEST FORM

If you are elderly, ill, going south for the winter, or do not speak English, you may want to designate a third party (friend, relative, church group, or community agency) to be notified in the event that a disconnection notice is issued to you.

The third party will NOT be responsible to pay your bill, but will have the right to contact RPU and provide information or negotiate a payment arrangement on your behalf.

If you want a third party to be notified of the potential disconnection or need financial assistance, please complete this form and return it with your bill or visit the RPU Service Center.

## CUSTOMER INFORMATION:

Name \_\_\_\_\_

Account Number from RPU Bill \_\_\_\_\_

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

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

Primary Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

## THIRD PARTY INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Primary Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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

By signing below, I acknowledge that RPU has my permission to provide information to and accept information from the party named above.

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

\*This request will not be accepted without the third party's signature. RPU will make every effort to notify the third party of proposed disconnection or need for financial assistance. The customer making this request understands that RPU assumes no liability should the third party fail to receive and/or act upon the notification.