# COLD WEATHER PROTECTION APPLICATION

ROCHESTER PUBLIC UTILITIES
WE PLEDGE, WE DELIVER™

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 at 4000 East River Road NE, Rochester, MN 55906-2813.

Name _____

Account Number from RPU Bill _____

Service Address _____ Apt # _____

City _____ State MN 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
- ☐ AFDC/GA
- ☐ GA Medical Care / Medical Assistance
- ☐ 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

**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 typing my first and last names below, I am signing this document and 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

ROCHESTER PUBLIC UTILITIES
WE PLEDGE, WE DELIVER™

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 at 4000 East River Road NE, Rochester, MN 55906-2813.

**CUSTOMER INFORMATION:**

Name _____

Account Number from RPU Bill _____

Service Address _____ Apt # _____

City _____ State MN Zip _____

Primary Phone _____ Work Phone _____

**THIRD PARTY INFORMATION:**

Name _____

Address _____ Apt # _____

City _____ State MN Zip _____

Primary Phone _____ Work Phone _____

Third Party Signature* _____ Date _____

**By typing my first and last names below, I am signing this document and 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.*