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.

COLD WEATHER RESOURCES

EMERGENCY ASSISTANCE
Olmsted County Family Support & Assistance
507-328-6500

ENERGY ASSISTANCE PROGRAM
Three Rivers Community Action
800-277-8418
www.threeriverscap.org

ENERGY CONSERVATION AND PROGRAMS
Rochester Public Utilities
www.rpu.org
507-280-1500

HOME ENERGY GUIDE
Minnesota Department of Commerce
mn.gov/commerce/home-energy/

WEATHERIZATION ASSISTANCE PROGRAM
Minnesota Department of Commerce
mn.gov/commerce/consumers/consumer-assistance/weatherization/

Rochester Public Utilities
WE PLEDGE, WE DELIVER

4000 East River Road NE
Rochester, MN 55906-2813
507-280-1500
www.rpu.org

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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

PAYMENT ARRANGEMENT:
I propose to pay my outstanding and future bills according to the following schedule through 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 ( )

Total Annual Household Income $ ___________

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.

Please make a copy of this application for your records.