



City of Chaska
Utility Billing

952-448-9200
ub@chaskamn.gov

Minnesota Cold Weather Rule

Annual Notice to All Residential Customers

Know Your Rights and Responsibilities

This notice explains the Cold Weather Rule and the steps you must take if you cannot pay your bill. **The Cold Weather Rule does not forbid winter disconnections.** If you receive a Final Disconnect Notice this winter, you must act immediately. **Prior to disconnection**, you have the right to appeal any proposed disconnection. Appeals are handled locally.

The Minnesota Cold Weather Rule was established to protect residential customers from electrical service disconnection between October 1 and April 30. Cold Weather Rule protection is available if ALL of the following requirements are met:

1. You have entered into a payment plan and are current with payments under the plan.
2. Your total household income is at or below 50 percent of the state median income as determined by CAP or other assistance agency.
3. You have declared inability to pay on forms provided by City of Chaska Utility Billing.
4. Utility disconnection would affect your primary heat source.

NOTICE OF RESIDENTIAL CUSTOMER RIGHTS AND RESPONSIBILITIES

YOUR RIGHT to declare your inability to pay your utility bill. If you do so, you must enter into a mutually acceptable payment plan with the City of Chaska Utility Billing. This payment plan will cover your existing arrears plus the estimated usage during the plan period. This payment plan may be arranged by your designated third party.

YOUR RESPONSIBILITY, if you choose to declare Inability to Pay, complete the "Inability to Pay" form on page 2 of this notice and return it to the City of Chaska Utility Billing prior to disconnection. If you complete this form, you must also contact Utility Billing to verify approval of the payment plan.

YOUR RIGHT to request that Utility Billing notify a third party if your service becomes subject to disconnection. If you request third party notification, a copy of this notification and your disconnect notice will be sent to the third party. The third party will not be held responsible for payment.

YOUR RESPONSIBILITY of making payments as agreed, or prior to disconnection, promptly notifying Utility Billing why you cannot keep the agreement. You may then request that the original payment plan be changed. Any change is subject to approval by City of Chaska Utility Billing.

YOUR OBLIGATION to pay your City of Chaska Utility Bill. While declaring your inability to pay or entering into a payment plan provides shut-off protection from October 1 to April 30, it does not remove or reduce your obligation to pay your utility bill.

FINANCIAL ASSISTANCE

If you need help paying your winter electric bills, you may qualify for State or Federal energy assistance. For details regarding qualifications and application information, contact the CAP Agency, Carver County or the Salvation Army.

CAP AGENCY
712 Canterbury Road South
Shakopee, MN 55379
952-496-2125

CARVER COUNTY COMMUNITY SOCIAL SERVICES
Human Services Building
602 East Fourth Street
Chaska, MN 55318
952-361-1600

THE SALVATION ARMY HEAT SHARE PROGRAM
2445 Prior Avenue
Roseville, MN 55113
651-746-3400

THIRD PARTY NOTIFICATION FORM

If you have received a final disconnect notice from Chaska Utility Billing, 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 for paying 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 City of Chaska Utility Billing.

Customer Name: _____ Account Number: _____

Service Address: _____

Phone Number: _____

Third Party Name: _____

Third Party Address: _____

Third Party Phone: _____

Third Party Signature

Customer Signature

The Utility has my permission to provide information to and accept information from the third party named above.

INABILITY TO PAY DECLARATION FORM

Customer Name: _____ Account Number: _____

Service Address: _____

Phone Number: _____

Total Amount you owe \$ _____ Total Annual (yearly) household income: \$ _____

Source of Income (circle appropriate sources): Employment MFIG/GA/MSA Food Stamps

Disability/Social Security/Pension

SSI

Children's Health Plan

GA Medical Care/Medical Assistance

Other: _____

Please circle if any of the following exist in your home: Medical Emergency Disabled Person in residence

Please contact City of Chaska Utility Billing at 952-448-9200 or ub@chaskamn.gov for a payment schedule.

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 agencies and my utility for the purpose of program qualifications.

Customer Signature

Date