

**Application for Disconnection Protection
Inability to Pay Declaration Form**

If you are unable to pay your bills in full and need Cold Weather Protection from utility disconnection, complete this form and return it to Lyon-Lincoln Electric Cooperative, Inc. Immediately.

Name _____

Account Number _____ Total Amount Owed \$ _____

Service Address _____

City _____ State _____ Zip _____

Phone _____

(Home) _____ (Cell) _____ (Work) _____

Total annual (yearly) household Income \$ _____

Total number of persons in household _____

Sources of Income (Check all that Apply)

Employment SSI/Food Stamps/MSA/Children's Health Plan AFDC/GA

Disability/Social Security/Pension GI Medical Care/Medical Assistance

I do not pay for any of my own medical expenses Other

Check if one or both conditions exist in your home:

Medical Emergency Disabled person in residence

By Signing this form I acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Responsibilities.

I declare that the above information is 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 and my utility for the purpose of program qualification.

Date _____

Member Signature _____

If you are the "Third Party" for the member whose service is affected by this notice and are submitting this for him/her, sign here:

Signature

Phone

Date

Complete Third Party Notification Form on back

Minnesota Cold Weather Law

**Important Information and
Application for Electric Co-op
Shut-Off Protection**

- Notice of Rights and Responsibilities
- Financial Assistance Resources
- Application for Disconnection Protection
- Third Party Notification Form

The Cold Weather Law does not protect against winter shut-offs in all situations. If you receive a disconnection notice this winter, you must act promptly.



**Lyon-Lincoln Electric
Cooperative, Inc.**

Your Touchstone Energy® Cooperative 
The power of human connections®

205 W Highway 14
PO Box 639
Tyler, MN 56178
800-927-6276

Important

Please Read Carefully

Notice of Residential Customer

Rights and Possible Assistance

The Cold Weather Rule, Section 216B.097 of the Public Utilities Act, provides that from October 15 through April 15, a cooperative cannot disconnect a residential cooperative customer for nonpayment if the disconnection would affect your primary heat source and:

1. You declare an inability to pay, and
2. Your total household income is less than 50% of State Median household income, and
3. You have entered into a payment schedule based on the financial resources of the household and are reasonably current with your scheduled payments.

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 meet winter utility bills.

Military Service Personnel Assistance

Special consideration may be given when a household member has been deployed into military duty. If this is the case, contact Lyon-Lincoln at 800-927-6276 to obtain an application and make a payment plan, which you must keep to qualify for protection.

Notice of Rights & Responsibilities

These rights and responsibilities are designed to help you as needed to pay winter utility bills. **You must act promptly.** If you choose not to assert your rights or choose not to enter into a mutually acceptable payment plan, your electric service may be disconnected.

Your rights and responsibilities are:

- The right to declare an inability to pay your electric bill.
- The responsibility if you choose inability to pay, to complete fully the "Inability to Pay Declaration form" herein and return it to Lyon-Lincoln within seven (7) days.
- The right to a mutually acceptable payment schedule with Lyon-Lincoln Electric Co-op. This payment schedule will cover your existing

arrears plus the estimated usage during the payment schedule period.

- The right before you are disconnected, to appeal your disconnect notice.
- The responsibility if you choose to appeal, to deliver or mail a letter of appeal to Lyon-Lincoln Electric Cooperative before the disconnect date stated on your bill. The appeal board will review your appeal within 10 days after it is received.
- The right not to be disconnected until at least 20 calendar days after the postmark date of this notice and information or until 15 calendar days after this notice and information has been personally delivered.
- The right not to be involuntarily disconnected on a Friday or on a day before a holiday.

Energy Assistance Providers

If you need help paying your electric utility bill, you may qualify for state or federal fuel assistance. For complete qualification and application information, contact your local county welfare or community/citizen's action council listed below. These organizations may also provide budget counseling.

Prairie Five Community Action Council Inc.

719 7th Street—Suite 302
PO Box 159
Montevideo, MN 56265
(320)269-7976

United Community Action Program

1400 S Saratoga Street
Marshall, MN 56258
(800)658-2448

Lincoln, Lyon, Murray Human Services

Lincoln County Courthouse
319 N Rebecca Street
PO Box 44
Ivanhoe, MN 56142
(507)694-1452

Lincoln, Lyon, Murray Human Services

607 West Main Street
Marshall, MN 56258
(507)537-6747

Third Party Notification Form

You may want to alert a third party (friend, relative, community agency) if a disconnection notice has been issued to you. The third party will not be responsible to pay your bill, but will have the right to contact the Cooperative and provide information or work out a payment arrangement. To designate a third party to be notified of the potential disconnection, complete this form and return it to the Cooperative office.

Member Name _____

Account Number _____

Home Phone _____

Work Phone _____

Third Party Name _____

Third Party Address _____

City _____ State _____ Zip _____

Third Party Home Phone _____

Third Party Work Phone _____

Third Party Signature _____ Date _____

Lyon-Lincoln Electric Cooperative has my permission to provide information to and accept information from the third party named above.

Member Signature _____ Date _____

This request will not be accepted without the third party's signature. The member making the request understands that the cooperative assumes no liability for failure of third party to act upon notification.