

## Notice of Residential Customer Rights and Responsibilities

Pursuant to MN Statute 126B.096 and 126B.097, a municipal utility must not disconnect and must reconnect the utility service of a residential customer during the period between October 1<sup>st</sup> and April 30<sup>th</sup> if the disconnection affects the primary heat source for the residential unit and all of the following conditions are met:

- The household income of the customer is at or below 50% of the state median household income.
- A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household.
- A customer receives referrals to energy assistance, weatherization, conservation, or other programs likely to reduce the customer's energy bills.

Specifically, the Cold Weather Rule provides you with these options:

**THE RIGHT** to declare your inability to pay your utility bill. If you do so, you must enter into a payment schedule with the utility. You will have to provide the utility proof that you are unable to pay and were current in payments to the utility. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY** to complete the Inability to Pay form on the other side of this brochure and return it to the utility within 10 days. If you have proof you are receiving assistance, you do not need to fill out the Inability to Pay form. If you mail this form, or can prove your receipt of public assistance, you must also contact the utility to arrange a payment plan.

**THE RIGHT** to a mutually acceptable payment schedule with the utility. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are able to pay but still wish to enter into a payment schedule, contact the utility immediately to arrange a schedule. (This payment schedule may be arranged by your designated third party.)

**RESPONSIBILITY** of making payments as agreed or promptly notifying the utility why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to the utility's approval.

**THE RIGHT** to request that the utility notify a third party if your service becomes subject to disconnection. If you have requested third party notification, a copy of this notice has been sent to the third party.

Disputes regarding the previously listed actions can be appealed to the City of Staples. Copies of the Cold Weather Rules are available at city hall.

### Where can you receive financial assistance?

If you need help paying your electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local county welfare or Community/Citizens' Action Council. The organizations may also provide budget counseling.

### List of local energy assistance providers:

Todd County Fuel Assistance  
(218) 894-6300  
Energy Assistance Hotline  
1-800-657-3710  
The Salvation Army Heatshare  
1-800-842-7279  
United Way  
Dial 211  
First Call for Help  
Dial 911

### 2025-2026 Maximum Energy Assistance Program Income Guidelines

Effective 10/1/2025 to 9/30/2026

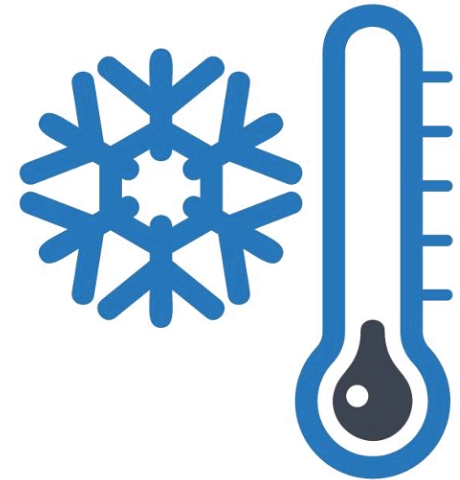
Household Size	One Month Maximum
1	\$3119
2	\$4079
3	\$5039
4	\$5999
5	\$6959
6	\$7919
7	\$8099
8	\$8279
9	\$8459

# Application for Winter Disconnect Protection

## How to Protect and Reconnect Your Heat

In effect October 1<sup>st</sup> through April 30<sup>th</sup>

*The Minnesota Cold Weather Rule does not totally forbid winter cutoffs. If you receive a disconnection notice this winter, you must act promptly.*



City of Staples  
122 6<sup>th</sup> St NE  
Staples, MN 56479  
Phone: 218-894-2550

## Third Party Notification Form

If you have been served a notice of proposed disconnection by the City of Staples, 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 to pay your bill. The third party does have the right to contact the City of Staples 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 the City of Staples. *Please contact the person you intend to designate as the third party contact before submitting this form.*

### Third Party Information

Third Party Name: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

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

Third Party Phone #: \_\_\_\_\_

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

### Customer Information

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

The City of Staples has my permission to provide information to, and accept information from, the third party named above.

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

**This request will not be accepted without the third party's signature.** The City of Staples will make every effort to send a copy of the shut off notice to the party specified. The customer making the request understands that the utility assumes no liability for failure of third party to receive or act upon the notice.

## Application for Winter Disconnect Protection

### INABILITY TO PAY DECLARATION FORM

Qualifying residential customers can avoid wintertime service disconnection despite an inability to pay the full amount of their monthly bills. However, some amount must be paid every month. Fill out this form and return it to the City of Staples as soon as possible to set up a mutually agreed upon payment plan.

Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Total Amount You Owe: \$ \_\_\_\_\_

Total annual household income: \$ \_\_\_\_\_ Number of persons in household (include yourself): \_\_\_\_\_

Source of income (circle appropriate sources): **MUST PROVIDE PROOF OF INCOME**

Employment \_\_\_\_\_ AFDC/GA \_\_\_\_\_

Disability/Social Security/Pension \_\_\_\_\_ GA Medical Care/Medical Assistance \_\_\_\_\_

SSI/Food Stamps/MSA/Children's Health Plan \_\_\_\_\_ I do not pay for any of my own medical expenses \_\_\_\_\_

Other \_\_\_\_\_

Please circle if any of the following exist in your home: Medical emergency \_\_\_\_\_ Disabled person in residence \_\_\_\_\_

### Payment Arrangements (Inability to pay)

I propose to pay my outstanding and future bills according to the following schedule of payments:

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

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

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

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

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

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this for that customer, please sign below.

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I hereby acknowledge that I have received, read, and understood the Notice of Residential Customer Rights and Responsibilities. I declare that 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 and my utility for the purpose of program qualifications.

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Low-Cost/No-Cost Energy Tips:

- Use LED light bulbs wherever possible.
- Caulk and weather strip cracks around doors and window frames to prevent drafts.
- Cover windows with plastic.
- Insulate your home adequately.
- Close the doors and heat registers in unused rooms.
- Take shorter showers.
- Clean or replace furnace filters monthly.
- Reduce your water heater temperature to 120 degrees and your dishwasher to 140 degrees.
- Set your thermostat as low as is comfortable in the winter and as high as is comfortable in the summer.