

### Third Party Notification Form

If you have been served a notice of proposed disconnection by your utility, 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 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 the utility.

Customer Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Service Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Third Party \_\_\_\_\_  
Third Party Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Third Party Home Phone \_\_\_\_\_  
Third Party Work Phone \_\_\_\_\_

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

The utility has my permission to provide information to & accept information from the third party named above:

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

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

### Application for Winter Disconnect Protection

#### INABILITY TO PAY DECLARATON FORM

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to your local utility immediately.

NAME \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
CITY LAKE PARK STATE MN ZIP 56554 ACCOUNT NUMBER FROM YOUR BILL \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL 1: \_\_\_\_\_  
CELL 2: \_\_\_\_\_ Number of persons in household (include yourself) \_\_\_\_\_

TOTAL AMOUNT YOU OWE \$ \_\_\_\_\_ Total annual (yearly) household income \$ \_\_\_\_\_

Source of income (circle appropriate sources): 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 exists 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 here:  
Signature: \_\_\_\_\_  
Phone number \_\_\_\_\_ Date \_\_\_\_\_

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 agency that serves me to exchange income and billing information with other energy providers 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.

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