

Third Party Notice Request Form

If you have received a disconnection notice from your utility, you may want to inform a third party (landlord, friend, relative, church group, or community agency) that a disconnection notice has been sent to you. The third party is NOT responsible for paying your bill. The third party DOES have permission to contact the utility and provide information or set up a payment arrangement. Freeborn-Mower Cooperative Services will send a copy of disconnect notices to the third party at the address indicated on this form.

Member Name _____

FMCS Account Number _____

Service Address _____

Contact Phone # _____

Third Party Name:

Third Party Address:

City State Zip

Third Party Contact Phone # _____

****The member and third party agree that Freeborn-Mower Cooperative Services will incur no liability in the event that the third party does not receive such notices.**

Home Energy Saving Tips

A few simple, inexpensive ways to lower your home energy costs include: Caulking, sealing, and weather stripping any areas where air can enter or exit the home. Turn off any unnecessary lighting. Set the thermostat at a lower temperature during the night and while nobody is home.

Visit our website at www.fmcs.coop for more energy saving tips.

Energy Assistance Providers

Freeborn County Dept. of Human Services

(507) 377-5400

Mower County Human Services

(507) 437-9701

Minnesota Valley Action Council

(507) 345-6822 or (800) 767-7139

Minnesota Prairie County Alliance

(888) 850-9419

Faribault County Human Services

(507) 526-3265

Faribault County Minnesota Valley Action Council

(507) 526-5291 or (800) 767-7139

Fillmore County Social Services

(507) 765-2175

North Iowa Community Action Organization

(800) 873-1899

SEMCAC

(800) 944-3281 or (507) 864-7515



Office Hours: Monday – Friday

7:00 a.m. – 3:30 p.m.

507-373-6421

1-800-734-6421

Website: www.fmcs.coop

Email: memberservices@fmcs.coop

The Minnesota Cold Weather Rule...



...Does Not Forbid Wintertime Shutoffs!



2501 Main St E

PO Box 611

Albert Lea, MN 56007

This institution is an equal opportunity provider and employer.

Cold Weather Guidelines

The “cold weather rule” regulates residential electric service disconnections between October 15 and April 15 if disconnection would affect the primary heat source.

It is important to understand that to be protected by the “cold weather rule”, you must follow the below guidelines.

- As of October 15, be current in paying your bill or have entered into a payment arrangement and are current with payments under the arrangement.
- You must complete the MN Cold Weather Rule Application provided by FMCS in this pamphlet. Along with the application you must provide income verification.
- Your total household income is less than 50 percent of the state median income and/or you have received energy assistance for this heating season.

If you do not meet the above conditions, you do not qualify for winter shut-off protection.

If you are unable to pay your bill by the due date you must call us to arrange a payment schedule. If you do not respond to the disconnect notice, your service may be disconnected, even in mid-winter!

As of April 15 your account must be current or have a mutually agreed upon payment arrangement. Failure to comply could result in disconnection of service.

Your Rights and Responsibilities Under The Cold Weather Law

- You have the **RIGHT** to declare your inability to pay your electric bill if disconnection would affect your primary heat source and you meet the cold weather guidelines.
- You have the **RESPONSIBILITY**, if you choose to declare inability to pay, to complete the MN Cold Weather Rule Application as well as providing proof of income and return it to FMCS within 10 days.
- You have the **RESPONSIBILITY**, to provide documentation to FMCS that your total household income is less than 50 percent of the state median income.
- You have the **RIGHT** to a mutually acceptable payment schedule with FMCS. If you are able to pay but still wish to enter into a payment schedule, contact FMCS immediately to arrange a schedule.
- You have the **RIGHT** not to be involuntarily disconnected on a Friday or on a day before a holiday.
- You have 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.
- You have the **RIGHT**, before you are involuntarily disconnected, to appeal your notice of disconnection to FMCS. Your service will not be disconnected until your appeal is resolved.
- You have the **RESPONSIBILITY**, if you choose to appeal, to deliver or mail a personal letter of appeal stating your situation and issues in a dispute. Your letter of appeal must be in our hands before the day of proposed disconnection. The FMCS Board of Directors will review your appeal on the day of the next regularly scheduled board meeting. You must call the co-op for the date and time of the appeal review if you wish to be present.

MN Cold Weather Rule Application

Fill out and return only if you meet cold weather rule guidelines

Name _____
Address _____
City, State, Zip _____
Contact Phone # _____
FMCS Account Number _____
Total # of persons in Household _____
Total Annual Household Income* \$ _____
Primary Heat Source _____

Source of Income (“X” appropriate boxes)

- Employment
- Unemployment Benefits
- Child Support
- Disability/Social Security/Pension
- SSI/Food Stamps/ XSA/ Children’s Health Plan
- Medical Assistance
- AFDC/ GA/GA Medical Care
- Other

Please check if any of the following exists in your home:

- Medical Emergency (physician’s letter required)
- Disabled person in residence

By signing this form, I hereby authorize any electric utility that serves us to exchange billing information and also give permission to exchange information with any Social Service program. I acknowledge that I have received, read and understand the enclosed Notice of Residential Customer Rights and Possible Assistance. I attest that the above information is true and correct.

Joint accounts must be signed by both members.

Member Signature _____
Date _____
Member Signature _____
Date _____

***A copy of income verification must accompany this form.**

