

COLD WEATHER RULE PAYMENT PLAN

MADELIA MUNICIPAL LIGHT & POWER

NAME	DATE
ADDRESS	ACCT #
PHONE NUMBER	AMT DUE

What is the total yearly income of all persons in your home? _____

How many people are there in your home, including yourself? _____

Do you have any medical emergency situations in your home? _____ yes _____ no

If yes, explain: _____

Place a V mark by the type of income information you have enclosed with this application for ALL persons in your home.			
	Payroll stubs for the past 2 months		MFIP
	A current copy of your unemployment benefits		Social Security/Social Security Disability
	Pension/retirement benefits statement		General Assistance - all types
	Income tax return for the previous year		Medical Assistance Statement
	Letter from employer stating you have been dismissed or laid off		Other & Explain:
<i>An application mailed without copies of the income information will be incomplete and you may not receive protection from disconnection.</i>			

Have you applied for Fuel or Emergency Assistance? If not, call MVAC at 1-800-767-7139 or visit www.mnvac.org

This is a declaration of my inability to pay for heat during the cold weather months. I am willing to make payment arrangements with Madelia Municipal Light & Power as listed below.

I agree to pay:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
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The information on this form is true and correct. I give permission to Madelia Municipal Light & Power and any public assistance agency that serves me to exchange billing and income information.

SIGNATURE

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

DATE

RETURN THIS APPLICATION AND INCOME DOCUMENTS TO OUR BUSINESS OFFICE AT 24 ABBOT AVE SW OR YOU CAN MAIL TO: MMLP, 24 ABBOT AVE SW, MADELIA MN 56062. CALL US AT 642-8803 WITH QUESTIONS.