

Notice of right to appeal payment arrangement schedule



GREATER MINNESOTA GAS

Appeal must be filed within 10 working days

(form may be faxed)

Because we were unable to agree on a payment arrangement schedule, you have the right to appeal to the Minnesota Public Utilities Commission.

You must file an appeal by sending this form to the Commission within 10 working days of date of notice.

If the commission agrees to your payment arrangement or orders a different schedule, Greater Minnesota Gas (GMG) will honor it as long as the payments continue to be made on time. You must make your payments according to the schedule ordered by the Commission or your natural gas service will be disconnected. If your circumstances change and you are no longer able to make your payments, you may contact GMG to request a modification.

If you do not agree to a payment arrangement and do not appeal, you natural gas service will be disconnected without further notice. If you appeal, your service will not be disconnected during the appeal process.

Section 1: TO BE COMPLETED BY GMG

Date Notice Sent: \_\_\_\_\_  Natural gas service disconnected  Natural gas service not disconnected

Customer Name(s) \_\_\_\_\_

(Service Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Account #: \_\_\_\_\_ Date of last bill: \_\_\_\_\_

Total natural gas bill in arrears: \$ \_\_\_\_\_

Payment arrangements proposed by Greater Minnesota Gas:

(Estimated) Current charges \$ \_\_\_\_\_ + (Installment Amount) for arrears \$ \_\_\_\_\_ = Total Amount Due \$ \_\_\_\_\_

Payment arrangement begins with your current due date \_\_\_\_\_ over the next \_\_\_\_\_ months. (\*Please note that you must have payments within the office by the due date)

(Name of GMG Representative) \_\_\_\_\_ (Date) \_\_\_\_\_

If you have additional questions, please call toll free #888-934-3411

Section 1: TO BE COMPLETED BY CUSTOMER

Payment arrangements proposed by customer:

(Amount) \$ \_\_\_\_\_ would be due on (date) \_\_\_\_\_ over the next \_\_\_\_\_ months.

How many people live in your home, including yourself? \_\_\_\_\_

What is your monthly gross income of all persons in your home? \$ \_\_\_\_\_

(Please include all monthly gross income with this form. Attach additional information as needed.)

(Print Name:) \_\_\_\_\_

(Phone) \_\_\_\_\_

(Customer Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

Please send your appeal to the following address:

Minnesota Public Utilities Commission
Consumer Affairs Office (Cold Weather Rule)
121 7th Place East, Suite 350
St. Paul, MN 55101-2147

Telephone: 651-296-0406
Toll Free: 1-800-657-3782
Fax: 651-297-7073
E-mail: consumer.puc@state.mn.us
Web: mn.gov/puc

\*Please attach additional information regarding your situation