

City of Petoskey

231/347-2500

Fax 231/348-0350

Critical Care Customer and Medical Emergency Arrangement

Name _____

Address _____

Account Number _____

Phone Number(s) Work _____ Home _____

Current Outstanding Balance \$ _____

I _____ hereby certify that based on the certification from a medical doctor, hospital or similarly licensed medical provider, the customer or a member of the customer's household is a Critical Care Customer or has a certified Medical Emergency which will be aggravated if the electric service is shutoff.

The customer's certification shall identify the medical condition, any medical or life-supporting equipment being used, and the specific time period during which the shutoff of service will aggravate the Medical Emergency.

Based upon the information provided, the customer and City agree that the electric service should not be shutoff for a period not to exceed twenty one (21) days. Shut off protection may only be extended for further periods if an updated medical certification is provided in a timely manner to the City and a written agreement is reached.

I understand that the electric service will be shutoff on _____, 20____ unless the utility bill is paid in full, or a payment arrangement is completed or if adequate updated medical certification is provided before the above date to extend the Critical Care Customer and Medical Emergency shutoff protection and that once terminated, said utilities will not be restored until all current and outstanding balances and late fees are paid in full.

Customer's Signature

Date

Department of Finance
City of Petoskey

Date

If another shut-off notice is issued after the date of this arrangement, contact the City Office immediately. If calling to check on the status of your account, inform the City staff that you have a "Payment Arrangement."

City of Petoskey
Eligible Senior Citizen Customer Application

231/347-2500

Fax 231/348-0350

Name _____

Service Address _____

Account Number _____

Mailing Address (If different) _____

Phone Number(s) Home _____ Cell _____

I _____ do hereby attest that I am 65 years of age or older and can demonstrate that I am a City of Petoskey electric utility customer and am applying for "Eligible Senior Citizen Customer" status. As an Eligible Senior Citizen Customer my electric utility service will not be shut off for failure to pay my electric bill during the **Heating Season of November 1 through March 31** of each year.

I understand that if I fail to pay my electric bill during those winter months, I will continue to be charged monthly late fees until the balance is paid in full and that any outstanding balance is subject to the electric utility shutoff process that provides for the electric service to be disconnected beginning on April 1.

I understand and agree to the terms and conditions of the City's shutoff policy for Eligible Senior Citizen Customer's electric service effective during the Heating Season.

Customer's Signature

Date

Department of Finance
City of Petoskey

Date

City of Petoskey
Winter Protection Payment Plan

231/347-2500

Fax 231/348-0350

Name _____

Service address _____

Account number _____

Mailing Address (If different) _____

Phone number(s) Work _____ Home _____

1. Total outstanding balance \$ _____

2. Number of months until November 1: _____

3. Estimated annual bill \$ _____

4. Required Payments:

a. Heating Season payment calculation (Nov 1 – March 31):

- i. Total outstanding balance divided by line 2: \$ _____
- ii. 7 percent of estimated annual bill: \$ _____
- iii. Total required payment (add i & ii): \$ _____

b. Post Heating Season payment calculation (April 1 - Oct. 31): Revised Winter Protection Payment Plan at end of Heating Season:

- i. Outstanding balance payment from step 4a (i.) \$ _____
- ii. March 31 outstanding balance resulting from step 4a (ii.) divided by seven months. \$ _____
- iii. Current monthly bill. \$ _____

c. I agree to make the Required Payments detailed in Step 4 (a) and the revised payment as determined in Step 4(b), by the monthly due date.

I understand that failure to make payment(s) in full, by the agreed upon due date(s), will upon notice, result in the termination of my utilities and that once terminated, said utilities will not be restored until all current and outstanding balances and late fees are paid in full.

Customer's Signature

Date

Department of Finance

Date

If a shut-off notice is received after the date of this arrangement, contact the City Office immediately. When calling on the status of your account, inform the staff you have a "Winter Protection Payment Plan."