

City of Kasson Newsletter – September, 2015

Tree City USA



**SCHOOL BEGINS SEPTEMBER 9TH
FOR GRADES 5-12 AND ON
SEPTEMBER 11TH FOR GRADES K-4.
PLEASE WATCH FOR CHILDREN
AND SCHOOL BUSES.**

**LET'S HAVE A SAFE, HAPPY AND
PRODUCTIVE SCHOOL YEAR!**

2016 Budget and Preliminary Levy Discussion

All Kasson residents are invited to attend the next City Council meeting to express their opinions on the budget and the preliminary 2016 tax levy.

Wednesday, Sept. 9, 2015 at 6:00pm
Kasson City Hall, 401 5th St SE, Kasson

You are also invited to send your written comments to:

City of Kasson – Mayor's Office
401 5th St SE
Kasson, MN 55944

JOIN US ON FACEBOOK!

<http://www.facebook.com/KassonMN>

KASSON PUBLIC LIBRARY NEWS

Beginning on Saturday, Sept. 12th, the Kasson Public Library will again be open on Saturdays from 10:00AM until 1:00PM (Weekly hours remain the same.)

www.kasson.lib.mn.us

**THE CITY OF KASSON WILL BE RESUMING
THEIR NORMAL BUSINESS HOURS
EFFECTIVE THE WEEK OF
SEPTEMBER 7, 2015...
8:00 AM to 5:00 PM
MONDAY THROUGH FRIDAY**

Dodge County Transfer Station and Recycling Center

507-634-7875

Trash, debris, recyclables
& yard waste.

Hours:

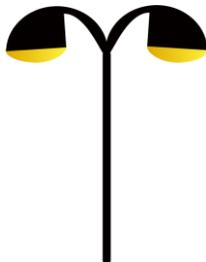
8:00AM – 6:00PM
Monday

8:00AM – 3:00PM
Tuesday – Friday

8:00AM – Noon
Saturday

No charge on recyclables.
Call for rates on other
items.

PLEASE
CONTACT THE
ELECTRIC
DEPARTMENT
AT THE CITY
OF KASSON TO
REPORT A
STREET LIGHT
OUTAGE.
634-6330



**Need help paying your
ENERGY BILLS?**



Semcac's Energy Assistance Program
may be able to help you with winter energy bills.

(Eligibility is based on household income.)

Serving Dodge, Fillmore, Freeborn, Houston, Mower, Steele & Winona Counties

**Call SEMCAC!
800-944-3281**

The Energy Assistance Program is funded by the State of Minnesota Department of Commerce through a block grant from the Federal Health and Human Services Department.

HeatShare is a voluntary program that helps the needy survive our long, Minnesota winters by providing funds for heating bills and heating-related repairs.



You can help give the gift of heat by sending a tax deductible contribution with the form below.

♥ *You can make a difference!*

*From
Cold to Warm*

*From
Hands to Hearts*

*Some of your neighbors will be **cold** this winter.*

You can do something about it.

Call The Salvation Army at **1.800.842.7279** for additional information.



1.800.842.7279
thesalarmy.com

Administered by
The Salvation Army

Yes! I want to give my neighbors the gift of heat this winter season.

I am making a one-time gift of:

\$ _____

Name _____

Address _____

City/State/Zip _____

Signature _____

Utility Company _____

Account Number _____

Date _____

Please make checks payable to HeatShare. Enclose your donation and this form along with your utility payment.

Thank you for your kindness. Your gift will be used to benefit the needy in your community.

**City of Kasson
Important Numbers**

Emergency 911

**Non-Emergency
Police 634-3881**

Nights & Weekends

Water/Sewer 993-7697

Electric 259-6661

**Important
Phone Numbers**

**Dodge County
Human Services
(507) 635-6203**

**SEMCAAC – Kasson
Outreach Office
(507) 634-4350**

**SEMCAAC –
Rushford Office
(507) 864-7741
(800) 944-3281**

**City of Kasson
Public Utilities
(507) 634-6325**

ANNUAL NOTICE TO ALL RESIDENTIAL CUSTOMERS

State law requires that we inform all our residential customers, regardless of payment history, about provisions of the MN Cold Weather Rule.

The Minnesota Cold Weather Rule applies from October 15 to April 15. The rule provides that your utility cannot disconnect your residential electric service during the winter **IF THE CUSTOMER MEETS THE FOLLOWING REQUIREMENTS:**

1. Utility disconnection would affect the customer’s primary heat source, and;
2. The customer has declared inability to pay on forms provided by the utility and entered into a payment agreement, and;
3. The household income of the customer is at or below 50 percent of the state median income level as documented by the customer to the utility.

If you have trouble paying your utility bill, local agencies may be able to provide payment assistance. The State Department of Human Services recommends you call the county in which you live. Also, please contact City of Kasson Public Utilities at 634-6325 to try and work out a payment schedule.

Notice of Residential Customer Rights and Responsibilities

The Minnesota Legislature and Public Utilities Commission have issued the Cold Weather Rule. If a customer's account is current as of October 15, a utility must go through certain steps before disconnecting a customer's service. The rule applies from October 15 through April 15.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rule. These rights and responsibilities are designed to help you with winter utility bills. You must act PROMPTLY! If you choose not to assert your rights or choose not to enter into a mutually acceptable payment schedule, your service may be disconnected.

Specifically, the Cold Weather Rule provides you with these options:

THE RIGHT to declare your inability to pay your utility bill. If you do so, you must enter into a payment schedule with the utility to maintain your utility service. You have the right to appeal any proposed disconnection to your local utility. You will have to provide the utility proof that you are unable to pay and were current in payments to the utility. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

THE RESPONSIBILITY, if you choose to declare inability to pay, to complete the "Inability to Pay" form on the other side of this brochure and return it to the utility within 10 days. If you have proof that you are receiving any form of public assistance, you do not need to fill out the Inability to Pay Form. If you mail this form or can prove your receipt of public assistance, you must also contact the utility to arrange a payment plan.

THE RIGHT to a mutually acceptable payment schedule with the utility. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you

are able to pay but still wish to enter into a payment schedule, contact the utility immediately to arrange a schedule. (This payment schedule may be arranged by your designated third party.)

THE RESPONSIBILITY of making payments as agreed or promptly notifying the utility why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to the utility's approval.

THE RIGHT to request that the utility notify a third party if your service becomes subject to disconnection. If you have requested third party notification, a copy of this notice has been sent to the third party.

Disputes regarding the previously listed options can be appealed to your utility. Copies of the Cold Weather Rules are available at your local utility.

Where can you receive financial assistance?

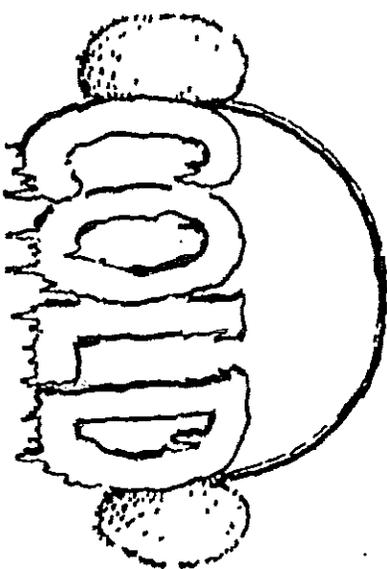
If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local county welfare or Community/Citizens' Action Council (CAC). These organizations may also provide budget counseling. Please call:

Semcac, Inc.

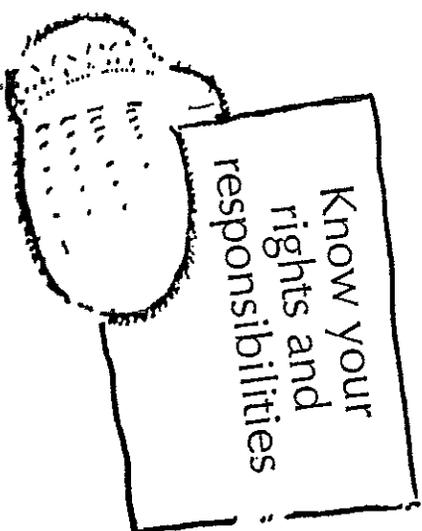
20 Veterans Memorial Hwy E
Kasson, MN 55944
507-634-4350 or 1-800-944-3281

Dodge County Social Services

Courthouse
Mantorville, MN 55955
507-635-6170



WEATHER PROTECTION



City of Kasson Public Utilities

401 5th St SE
Kasson, MN 55944
507-634-6325

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 _____

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

NAME _____

SERVICE ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME _____ WORK _____

ACCOUNT NUMBER FROM YOUR BILL _____

TOTAL AMOUNT YOU OWE _____

Total annual (yearly) household income \$ _____ Number of persons in household (include yourself) _____

Source of income (circle appropriate sources):

Employment _____

AFDC/GA _____ Disability/Social Security/Pension _____

GA Medical Care/Medical Assistance/ I do not pay for any of my own medical expenses SSI/Food Stamps/MSA/Childrens Health Plan _____

Other _____

Medical emergency _____ Disabled person in residence _____

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

Payment Arrangements (Inability to pay)

I propose to pay my outstanding and future bills according to the following schedule of payments:

\$ _____ 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 _____