

City of St. Louis
ELECTRIC SHUTOFF PROTECTION ENROLLMENT

(this does NOT apply to water/wastewater services)

Utility Account Number: _____

Customer Name: _____ Phone: _____

Address: _____

Third Party Contact: _____ Phone: _____

Address: _____

Enrollment as (check only one):

Senior (age 65 or over): Must be customer of record. Please attach a copy of one of the following: driver's license, Michigan ID, birth certification or other appropriate form of age verification. You will not be shut off between November 1st to March 31st for non-payment but are encouraged to make payments throughout the period. You must make assigned monthly payments for arrearages beginning April 1st plus current amounts or be subject to immediate shut off.

Critical Care Customer: Is anyone who requires, or has a household member who requires, home medical equipment or a life support system. You must provide documentation from a physician or medical facility addressed to the City identifying the medical equipment or life-support system and it must specifically state that an interruption of service would be immediately life threatening. This only postpones shut off for 21 days. You may reapply only twice in one season per person.

Low Income Customer: Will need proof of one of the following: Proof of Income, Proof of Assistance from Emergency Relief Fund, Proof of Receipt of Food Stamps, or Proof of Medicaid. You must pay an amount equal to 7% of the estimated annual bill by the 15th of each month to maintain eligibility in the program. (additional forms/agreements required)

Active Military Duty: In need of assistance because of a reduction in household income as a result of a call to active duty status in the military. May receive shut-off protection for up to 90 days (with one extension for a total of 180 days) Still have to pay for the utility service received with a payment plan for one year.

I certify the foregoing information is true and accurate.

Customer's Signature: _____

Date of Application: _____

To be eligible Annual Enrollment is required unless another date is listed.

For Office Use

Documentation verified _____ (By/date)