

Procedures of the City of Union for the Termination of Electric and Natural Gas Service Due to Nonpayment

These procedures are established to ensure the disconnection of electric and natural gas service by the City of Union for nonpayment is fair with regard to all Utility customers and uniform among all customers. The procedures are established in accordance with State Law Sections 5-31-2510, 5-31-2520, 5-31-2530, 5-31-2540 and 5-31-2550.

Collection Cycle and Schedule for Disconnection of Service for Nonpayment. The City will observe the following collection cycle and schedule for disconnection of service for nonpayment:

- The collections cycle begins on the day the bill is printed and dated. This is day 0 in the cycle.
- On or about Day 29, a past due notice is printed on the next month's bill. This bill provides notice of the scheduled disconnection date. This is mailed on or about Day 30.
- On Day 37, the service is eligible for disconnection.

If any of the above dates in the collection cycle fall on a Saturday, Sunday or official holiday of the City, the collection event occurs on the next business day.

Notification and Disconnection Procedures for Nonpayment. The City is committed to providing notice to all customers of a scheduled disconnection date for nonpayment. The City will provide a notice of the anticipated disconnection date on the monthly bill following the bill that is delinquent. The notice shall be placed in the mail approximately seven days prior to the scheduled disconnection date. The City shall observe the following disconnection procedures:

- The City will generate a list each day of all customers eligible for disconnection on that day.
- City staff members will review each account in the morning to see if the customer has made a payment to prevent the disconnection. Staff will also check to see if the customer is a Special Needs Customer and/or if the customer participates in the Third-Party Notification Program.
- Customers eligible for disconnection are added to the disconnection list. A customer is considered disconnected when the service technician leaves the office.
- Service technicians will check the weather to determine whether a disconnection is appropriate for that day.
- Service technicians will make disconnections. The City ensures that all disconnections are completed by approximately 2:00 p.m. to enable the customer to pay before the end of the business day at 5:00 p.m.
- If the customer pays in full, the City will use reasonable efforts to reconnect service as soon as possible, provided the customer pays a \$25 reconnection fee (or a \$75 after-hours reconnection fee). Service will not be restored until such time as the customer meets these financial obligations.

As a matter of normal practice, the City will not disconnect electric or natural gas service on Fridays or on days before an official City holiday. However, at the City's discretion, disconnections may occur on any day of the week provided the City has followed the Notification and Disconnection Procedures for Nonpayment.

Availability of Public or Private Assistance in Paying Bills. Annually, the City will include as part of the regular monthly bill or as a bill stuffer a list of social service agencies that have agreed to have their agency name and contact information sent to customers as a resource for financial assistance.

As part of the normal process of working with customers with delinquent accounts, the City will provide the names of these social service agencies to customers on request. If interested, customers may apply directly to these agencies for assistance. The agencies evaluate the customer's application for assistance and, if appropriate, notify the City of the results. The City does not make any financial assistance determinations.

Standards for Determining Weather Conditions. The City will not disconnect any electric or natural gas service when at 7:00 a.m. the high temperature for the day is forecast to be 99 degrees Fahrenheit or higher during cooling months or 35 degrees Fahrenheit or lower in heating months. These guidelines shall reflect actual temperature forecasts and not the projected heat indexes or wind chill temperatures. The temperature forecasts reported by www.noaa.gov, www.weather.com, or www.accuweather.com will be used to determine weather forecasts. **If any of the three on-line resources show a forecast high temperature outside the disconnect threshold (above 99 or below 35), the City will not disconnect service on that day.**

Third-Party Notification Program. The City is committed to a third-party notification program for its electric and natural gas customers. At least once each year the City will notify all customers that the Third-Party Notification Program is available. The notification will direct any customer interested in participating to contact the City and complete the required Third-Party Notification Form (attached) that will be kept on file by the City. The Form must be resubmitted by the customer annually between November 1 and November 30, according to your billing cycle, to ensure continued participation in the program.

Disconnection procedures for customers participating in the Third-Party Notification Program are as follows:

- On the day prior to the scheduled disconnection date, the City will call the telephone numbers for the customer and the third-party listed on the Third-Party Notification Form to notify them of the City's intention to disconnect the customer's service by approximately 2:00 p.m. the following day for nonpayment. Payment must be paid before 10:00 a.m. on the day service is to be disconnected.

Recognition of Special Needs Customers. The City is committed to meeting the requirements of our special needs customers and will keep on file a master list of Special Needs Customers.

To be recognized as a Special Needs Customer, the customer and a South Carolina licensed healthcare provider are required to complete the Medical Certification Form (attached) certifying the customer or a member of the customer's household suffers from a health condition which would be especially dangerous to the patient's health if the electricity or natural gas service is disconnected for nonpayment. The Form, documenting a qualifying condition, must be faxed or e-mailed from the office of the licensed healthcare provider. The certifying healthcare provider must be licensed in South Carolina as a medical doctor, physician's assistant, nurse practitioner or advanced-practice registered nurse.

The Form must be resubmitted by the customer annually between November 1 and November 30, according to your billing cycle, to continue participation in the program.

A Special Needs Customer will be encouraged to participate in the Third-Party Notification Program. The Third-Party Notification Form (attached) must be completed and submitted to the City to participate in the program and resubmitted annually between November 1 and November 30, according to your billing cycle, to continue participation in the program.

- The City will notify the special needs customer **and** the authorized third-party (if the Special Needs Customer is participating in the Third-Party Notification Program) at least 3 days prior to the scheduled service disconnection date. That notification will communicate the payment terms required to avoid service disconnection. The City will personally contact the Special Needs Customer or the City will call the telephone numbers for the customer listed on the Special Needs Customer Medical Certification Form. The City will call the telephone numbers for the third-party listed on the Third-Party Notification Form.
- The City will leave a notice at the front door of the Special Needs Customer on the day prior to the scheduled disconnection date. The notification will restate the payment terms required to avoid service disconnection. In the event the stated terms are not met, the City will disconnect service and may do so at any time after the time specified in the notification.
- After disconnection, if the customer pays in full, the City will use reasonable efforts to reconnect service as soon as possible, provided the customer pays a \$25 reconnection fee (or a \$75 after-hours reconnection fee).

Special Needs Customers are in no way released from their obligation to pay their monthly bills according to the terms as noted on the monthly bill.

CITY OF UNION
SPECIAL NEEDS CUSTOMER MEDICAL CERTIFICATION FORM
(Please Type or Print all Information)

Customer Information to be completed by Customer:

Name _____ Account Number _____

Social Security Number _____

Work Phone _____ Home Phone _____ Cell Phone _____

Account Address _____

Patient's Name _____

Please read the following and initial each one:

_____ I certify that the patient named above is a member of my household residing at the above address.

_____ I understand that this Certificate will expire between November 1 and November 30, according to your billing cycle, and must be resubmitted annually by this date to continue participating in the Special Needs Customer Program.

_____ I further understand that this in no way releases me from my obligations to pay my monthly bill in accordance with the City's standard payment terms.

Customer's Signature _____ Date _____

Certificates are not issued for water service that is subject to disconnection.

Medical Information below to be completed by a SC Licensed Healthcare Provider

I certify that I have examined the patient named above and, in my professional opinion as a medical doctor, physician's assistant, nurse practitioner or advanced-practice registered nurse licensed by the State of South Carolina, I certify it would be especially dangerous to my patient's health if the **electricity** and/or **natural gas** is disconnected for nonpayment of bills for the reason circled below. (The City of Union will attempt to notify these customers of a planned outage whenever reasonably possible.)

Nebulizer for Asthma, Lungs

Feeding (Pump) Machine

Oxygen Machine

Heart Monitor

Infant Apnea Monitor

Ventilator/Respirator

Home Dialysis treatment

Refrigeration for Insulin

(CPAP machines for adult sleep apnea **do not** qualify.)

FOR OFFICE USE ONLY:

1. INT _____ DATE _____

2. INT _____ DATE _____

A detailed explanation for reasons not mentioned above must be submitted for review.

Health Care Provider Name _____ Office Phone _____

SC Medical License Number _____

Circle one that applies: Medical Doctor, Physician's Assistant, Nurse Practitioner, Advanced-Practice Registered Nurse

Office Address _____

Health Care Provider Signature _____ Date _____

This form must be faxed (864-429-1780) or e-mailed (utilities@cityofunion.org) from the office of the
SC licensed healthcare provider to the City of Union

CITY OF UNION
THIRD PARTY NOTIFICATION FORM
(Please Type or Print all Information)

Name _____ Account Number _____

Social Security Number _____

Work Phone _____ Home Phone _____ Cell Phone _____

Account Address _____

The City of Union is committed to a third party notification system for its electric/natural gas customers. The intent of this program is to offer our customers the opportunity to have a third party notified in the event of disconnection of electric and natural gas service due to non-payment of bills.

Customers wishing to take advantage of this system must complete this form in its entirety and return it to (*City of Union, P.O. Box 987, Union, SC 29379*). By submitting this form, the customer authorizes the City to release his/her utility account information to any or all of the parties listed by the customer below. The customer also assumes the responsibility to notify the City of Union of any changes to the contact information listed on this form.

In the event that service for the above utility account is scheduled for disconnection, the City of Union will call the telephone numbers for the customer and the third-party listed on the Third-Party Notification Form to notify them of the City's intention to disconnect the customer's service.

This form relates to electric and natural gas service and the City of Union reserves the right to disconnect any other service for which payment is past due.

In the event that the City of Union attempts to notify the account holder (customer) and the authorized third party listed below and are unable to reach any or all parties, the City of Union will continue with service disconnection as scheduled.

This form must be renewed annually between November 1 and November 30, according to your billing cycle, to ensure service continuity.

Authorized Third Party:

Name _____

Work Phone _____ Home Phone _____ Cell Phone _____

Street Address _____

City, State, Zip _____

Customer Authorization:

I, _____, understand and agree to the terms listed herein and authorize the City of Union to notify the above authorized third party as to the status of payment or non-payment of my City of Union utilities account. I further understand that failure of the City of Union, upon reasonable attempt described here, to notify me or the authorized third party will not preclude the City of Union from disconnecting my electric service.

Customer Signature: _____ Date: _____

Customer Printed Name _____

Third Party Signature: _____ Date: _____

Third Party Printed Name _____

Date: _____

FOR OFFICE USE ONLY:
1. INT _____ DATE _____
2. INT _____ DATE _____