

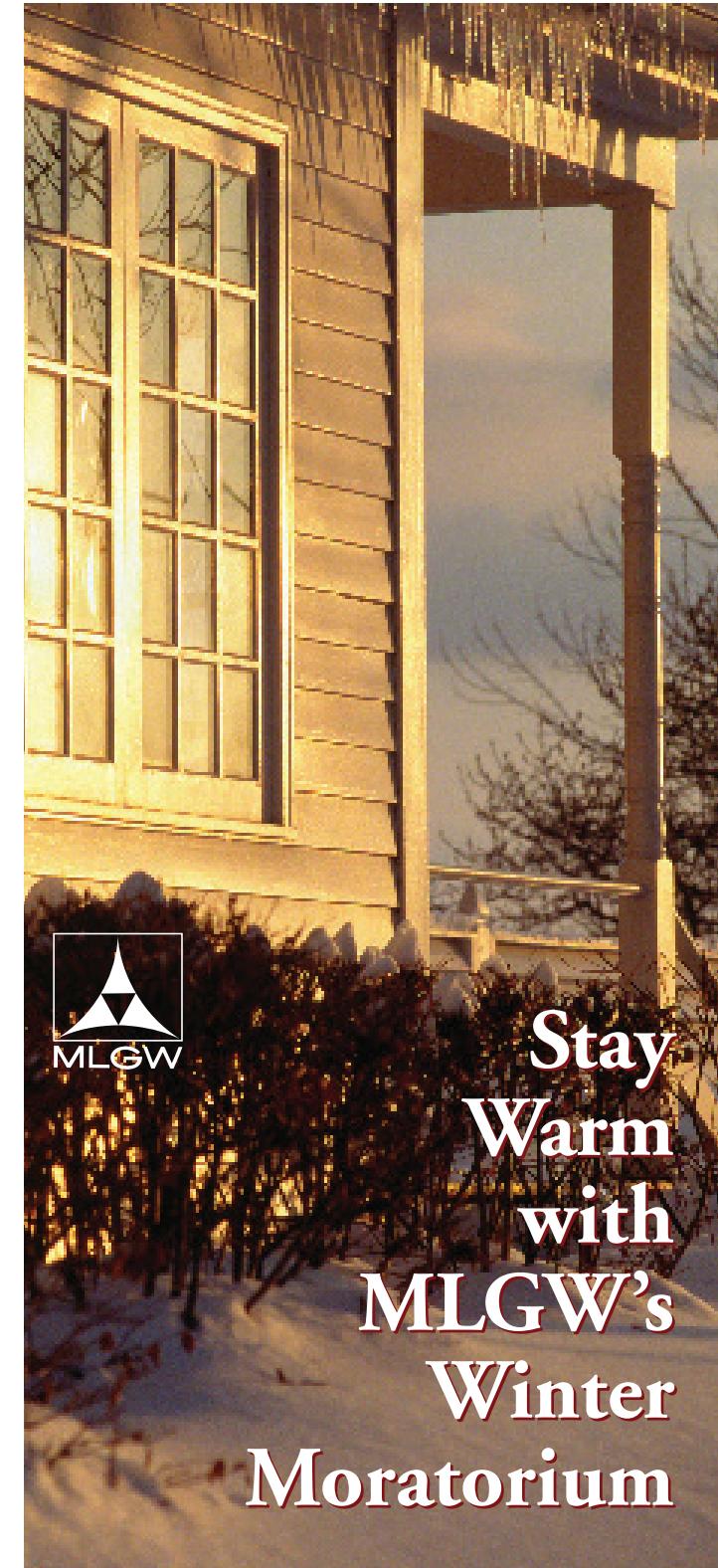
Winter Moratorium

MLGW's Winter Moratorium provides elderly (60+) and disabled customers uninterrupted utility service during the coldest months of the year (December 1-March 1), ***however customers are not relieved of their obligation to pay.***

- In order to qualify, residential customers must show proof of age or disability and have a reduced balance of \$199.99 or less by the close of business November 30th.
- The elderly or disabled applicant must be the customer of record (name must appear on bill).
- Participating customers who have balances on their accounts at the end of the program will be eligible for a deferred payment plan for up to three months upon request.
- Once customers have been approved for the Winter Moratorium, they are automatically re-enrolled each year if the past due balance does not exceed the minimum threshold amount of \$199.99 at the close of business November 30th.
- In October, previous customers will receive a reminder letter to reduce balances by the end of November.



Memphis Light, Gas and Water Division
Winter Moratorium
Credit Operations
P.O. Box 430
Memphis, TN 38101-0430



Instructions:

First, completely fill out this application and attach proof of age or disability (doctor certification required).

Incomplete applications will not be processed.

Second, return the completed, signed application and proof of age or disability by

November 15 to any
MLGW Community
Office location or
mail to:

MLGW
Credit Operations
P.O. Box 430
Memphis, TN
38101-0430

Note: If you have previously enrolled in the Winter Moratorium, you will automatically be re-enrolled if your past due balance does not exceed the minimum threshold amount of \$199.99 by the close of business November 30th. Applications received after November 30th will be processed for the following year.

MLGW's Winter Moratorium Application

Date _____

Account # _____

Name _____

Phone # _____

Address _____

E-mail _____

Qualifications: Age 60 or over **OR** Disabled

Verification:

 Driver's License Birth Certificate Other _____
(Specify and attach)

Doctor's Name _____

Doctor's Phone # _____

The above-named individual, being the customer of record at the address shown, wishes to participate in the MLGW Winter Moratorium program and hereby certifies that he/she is qualified for said program as outlined.

- I understand that in order to be enrolled in the Winter Moratorium, I must have a reduced balance of \$199.99 or less by the close of business on November 30th.
- After being enrolled, I understand that I am responsible for all of my monthly utility costs.
- If I cannot pay my bill in full, enrollment will prevent my utilities from being disconnected between December 1 and March 1.
- Any balance that I have accrued during the moratorium will be due in March unless I make payment arrangements through the MLGW credit office, or by calling the Customer Care Center at 544-MLGW (6549).

Customer's Signature _____

Date _____

Received by _____

Date _____

