



**"First In Service"**

WINTER PROTECTION PLAN  
APPLICATION FOR SENIOR CITIZEN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

This is to verify that I am 65 years old or older and that the above information is true.

I understand that I am eligible to enroll in the Winter Protection Program for the 2025-2026 heating season beginning November 1, 2025 and ending March 31, 2026. I agree to pay as much as I possibly can each month and I understand that my electricity will not be disconnected for non-payment during this time.

I also agree to pay any and all arrearage billings that have accrued prior to and during the Winter Protection time period on a monthly basis between April 1, 2026 and the beginning of the next Winter Protection Program starting November 2026.

CUSTOMER SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

APC REPRESENTATIVE \_\_\_\_\_ Date: \_\_\_\_\_