"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 2026-2027 heating season beginning November 1, 2026 and ending March 31, 2027. 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, 2027 and the beginning of the next Winter Protection Program starting November 2027.

CUSTOMER SIGNATURE_____Date:_____

APC REPRESENTATIVE_____Date:_____

P.O. Box 188 401 N. 9th Ave. Alpena, MI 49707-0188 (989) 358-4900 (866) 358-4900
www.alpenapower.com Administrative Fax: (989) 358-4990 Customer Service Fax: (989) 358-4944

The **mission** of Alpena Power Company is to provide in a responsible and environmentally compatible manner: For our customers, high **quality**, low cost services: For our employees, continuing **development** in a productive workplace; and for our shareholders, a fair rate of **return** on their investment.