

Company \_\_\_\_\_

PSC WV FORM NO. 214.6A

**Public Service Commission of West Virginia  
 CERTIFICATION OF REVENUE DEFICIENCY  
 REPORT**

For The Billing Month of \_\_\_\_\_, 20\_\_\_\_\_

	SSI	AFDC	AFDC-U	FOOD STAMPS +60	TOTAL
(1) Eligible Customers From					
(2) Applications Received					
(3) Applications Rejected					
(4) Customers Who Became					
(5) Eligible Customers This					
(6) Revenue Deficiency \$					

+ List, by general category, reasons for rejection of application for special reduced rates  
 (Example: Applicant not Qualified Customer - #).  
 Continue on separate sheet.

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Company \_\_\_\_\_

PSC WV FORM NO. 214.6

**Public Service Commission of West Virginia  
CERTIFICATION OF REVENUE DEFICIENCY  
SUMMARY REPORT**

For Billing Month of \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_\_

	SSI	AFD C	AFDC-U	FOOD STAMPS +60	TOTAL
(1) Total Applications					
(2) Total Applications					
(3) Number of Customers					
(4) Total Number of					
(5) Total Amount Which					
(6) Total Amount Billed at					
(7) Revenue Deficiency \$ (5) - (6)					

Specify **ALL** rates and charges to which 20% discount was applied

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\* Including forfeited discounts or penalties, but excluding local taxes.

**VERIFICATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ to wit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ of the \_\_\_\_\_,  
(Officer, Partner or Owner) (Company)

the applicant(s) named in the foregoing application, being duly sworn, says that he knows the contents of said application, and that the facts therein are true and are accurately based upon the books and records of the company.

\_\_\_\_\_  
\_\_\_\_\_  
(Title)

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

Contact Officer \_\_\_\_\_

Telephone Number \_\_\_\_\_

FORM CONCERNING METER TESTING

(Front)

Qualification Card for Electric Meter Testers

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Title \_\_\_\_\_  
 Employer \_\_\_\_\_ Shop Location \_\_\_\_\_  
 Supervisor-Name \_\_\_\_\_ Title \_\_\_\_\_

General Experience

Type of Work	Company	Years
_____	_____	_____
_____	_____	_____

\*Meter Test Experience

Type of Meter	Nature of Work	Company	Years
Shop Testing			
Single Phase Meters	_____	_____	_____
Polyphase Meters	_____	_____	_____
Demand Meters	_____	_____	_____
Field Testing -			
Single Phase Meter	_____	_____	_____
Polyphase Meters	_____	_____	_____
Demand Meters	_____	_____	_____
Shop Testing and			
Repairing -			
Single Phase Meters	_____	_____	_____
Polyphase Meters	_____	_____	_____
Demand Meters	_____	_____	_____
Field Testing and			
Repairing -			
Single Phase Meters	_____	_____	_____
Polyphase Meters	_____	_____	_____
Demand Meters	_____	_____	_____
Remarks	_____		

\*State, under remarks, in detail the type or kind of work done on meters.

Should this application be approved, I will test, or supervise the testing of, all electric meters in accordance with the Rules for the Government of Electric Utilities of the Public Service Commission of West Virginia and will not seal or approve for installation any meter that does not meet all of the requirements of the Rules for the Government of Electric Utilities of the Public Service Commission of West Virginia.

\_\_\_\_\_

150CSR3

(Back)  
Certificate of Competency

I, \_\_\_\_\_  
Name Title

of the \_\_\_\_\_  
Electric Company

certify that I have read the questions and answers on this card, relative to the experience of \_\_\_\_\_  
Name of Employee

and that they are true and correct to the best of my knowledge and belief. I further certify that the above  
named employee is competent to test and repair \_\_\_\_\_

Single Phase

Polyphase

\_\_\_\_\_ Demand meters and will, in my opinion, faithfully and honestly discharge the duties of  
meterman.

\_\_\_\_\_  
Signature  
(Must hold a valid test card from PSC)

TO BE COMPLETED BY THE PUBLIC SERVICE COMMISSION

The above employee has been authorized to test, or to supervise such tests of, Electric Meters as shown  
below.

	Shop Testing	Field Testing	Shop Testing & Repairing	Field Testing & Repairing
Single Phase Meters	_____	_____	_____	_____
Polyphase Meters	_____	_____	_____	_____
Demand Meters	_____	_____	_____	_____

\_\_\_\_\_  
Engineer

150CSR3

(Front)

Electric Meter Testing Card  
Public Service Commission  
Of West Virginia

No. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Employee

is hereby authorized to test the following type or types of electric meters:

	Shop Testing	Field Testing	Shop Testing & Repairing	Field Testing & Repairing
Single Phase Meters	_____	_____	_____	_____
Polyphase Meters	_____	_____	_____	_____
Demand Meters	_____	_____	_____	_____
Utility	_____	_____	_____	_____
Shop Location	_____	_____	_____	_____

\_\_\_\_\_  
Engineer

(Over)

(Back)

This card must be returned to the Utilities Division, Public Service Commission of West Virginia by the \_\_\_\_\_ when \_\_\_\_\_ leaves the employ of the company or ceases to serve as meterman.

(Insert Company Name Here)

NOTICE OF SCHEDULED TERMINATION OF SERVICE  
AND CUSTOMER RIGHTS

We have scheduled your \_\_\_\_\_ service provided at  
\_\_\_\_\_  
(Address)

for termination on or after \_\_\_\_\_  
(Date)

This action has been taken for the following reason(s):

(Explain reason and facts resulting in decision to terminate service.)

If your service is terminated you may be subject to additional charges involving reconnect fees and deposit requirements in order to restore service.

YOU HAVE THE RIGHT TO CHALLENGE THE TERMINATION IF YOU BELIEVE ANY OF THE FOLLOWING CONDITIONS APPLY TO YOU:

1. Any portion of the bill is in dispute.
2. You are being charged for service not received.
3. The information above is incorrect.
4. You wish to negotiate a deferred payment agreement to pay a delinquency in installments (provided you are a residential customer).
5. Termination of service would be dangerous to the health or safety of a member of your household.

If the reason for your challenge is 1, 2, or 3 above, you will have to pay any amount not in dispute. If the reason for your challenge is 4 or 5, we will enter into a deferred payment agreement with you. You must pay your current utility bill while we work out a payment agreement for your delinquency. The standard deferred payment agreement requires you to pay a total of the amount of your delinquency and a service fee equal to 2% of your delinquency. You must pay the total (delinquency + service fee) over twelve months in equal monthly payments. You may request a shorter payment period. If your financial circumstances justify a longer payment period, we may or may not agree to a longer period depending on the amount of your delinquency, your financial circumstances, your payment history, and the amount of time you have been delinquent. If your service is terminated for non-payment, you will not have the option of entering into a twelve-month standard deferred payment agreement; you will be required to pay, up front, at least one-half of your outstanding balance and a customer deposit with the remaining balance to be paid over a maximum of six (6) months. In addition there will be a reconnection fee that may be paid up front or included in the amount to be paid over six months.

YOU MUST NOTIFY US BEFORE THE DATE OF TERMINATION IN ORDER TO PROTECT YOUR RIGHTS UNDER THIS RULE:

(Provide instructions for contacting the appropriate utility personnel by telephone and mail, including business hours)

Once you have notified us of your challenge, we will schedule an in-person meeting between you and a designated utility employee. You may choose that the meeting take place at the utility business office nearest to your residence or place of work, or by telephone conference. After the meeting, we will provide you with written notice of our decision, and we will not proceed with termination during the seven (7) days after we issue the decision. If you disagree with our decision, you may, within the seven (7) day period, elect a standard deferred payment plan, request assistance from the Public Service Commission, or file a formal complaint with the Commission.

To request assistance from or file a formal complaint with the PSC, visit the website [www.psc.state.wv.us](http://www.psc.state.wv.us) or call toll free 1-800-642-8544 or write to this address:

Public Service Commission of West Virginia  
c/o Customer Assistance  
201 Brooks Street  
P. O. Box 812  
Charleston, West Virginia 25323

Inform us if a near relative or responsible third party should receive notices regarding termination of your utility service or about any other material action on your account. After you provide us with contact information for a near relative or third-party, we will provide all relevant notices to you and to that person or persons.

If you are in need of assistance to pay your bill you should contact the following agencies: (List agencies in service area.)

If you desire the assistance of a lawyer with regard to the scheduled termination and are unable to pay for legal counsel, contact one of the following low income legal assistance organizations: (List agencies in service area.)



## Electricity and Gas Customer Options Relating to Delinquent Bill Payments

1. Your utility is required to give you notice before terminating your service due to delinquent payment. The notice requirements are found in Public Service Commission Rules.
2. You should contact your utility immediately upon receiving notice that your account is delinquent. Additional fees and payment requirements will apply if your service is turned off.
3. When you receive a termination notice, you may avoid termination and the expenses of reconnection by paying the delinquent amount in full before the termination date. If you are unable to pay your delinquency, you may ask state agencies or local charitable organizations for help. To learn of agencies and organizations, dial 211 or ask your utility.
4. If you cannot pay the delinquency in full and do not want your service terminated, you should contact the utility before the termination date. The utility will offer you a standard deferred payment agreement allowing you to pay the total of your delinquency plus a two-percent (2%) service fee over twelve (12) months in equal monthly payments. A shorter payment term may be negotiated. You must pay your current bill during the time you are negotiating a deferred payment agreement.
5. If you dispute a portion of your bill, believe you are being charged for service not being received, or would like a deferred payment agreement longer than twelve (12) months, you should request a utility meeting (phone or in-person) before the termination date. You must justify any request for a longer payment term. You must pay your current bill during the time you are negotiating a deferred payment agreement.
6. If you and your utility have a meeting but do not agree on how to address a delinquency, you have seven days after the utility decision to avoid termination by electing a standard deferred payment agreement, or by requesting assistance from the Public Service Commission or filing a formal complaint with the Public Service Commission. To do so, visit the website [www.psc.state.wv.us](http://www.psc.state.wv.us), call 1-800-642-8544 or write to this address: Public Service Commission of West Virginia, c/o Customer Assistance, 201 Brooks Street, P. O. Box 812, Charleston, West Virginia 25323. You must pay your current bills during the time you are seeking assistance from the Public Service Commission.
7. If you enter into a deferred payment agreement with your utility and then fail to make any required payment, the utility may terminate your service after giving you notice. To avoid termination, make your payment immediately when you receive notice.
8. Your utility is not required to renegotiate your deferred payment agreement unless you can show that your financial circumstances have significantly changed for the worse. Your utility is not required to renegotiate an agreement due to a significant change in your financial circumstances more than once. You must pay your current bill plus some payment on your delinquency during the time you are renegotiating a deferred payment agreement.
9. You have certain additional notice of termination rights if you have provided the utility with certification from a currently licensed physician, nurse practitioner or physician assistant that termination of service would be dangerous to you or a member of your household.

### **If Your Service is Terminated**

If your service is terminated because you ignore a termination notice, contact your utility by calling [utility to insert local or toll-free phone number and instructions on other ways to contact utility]. The utility is not required to reestablish service unless you pay up-front a minimum of half of your delinquency plus a deposit and you enter into a six-month payment agreement to pay the remainder of your delinquency plus a 2% service fee and a reconnection fee.

# NOTICE

The electric service at this building \_\_\_\_\_, is scheduled for  
Address

termination on or after \_\_\_\_\_.  
Date

This action has been taken for the following reason(s):

(Include reasons and facts resulting  
In decision to terminate service.)

In order to avoid termination one of the following steps may be taken:

- a. The current customer must pay its bill or enter into a deferred payment agreement with the utility;  
or
- b. One or more tenants must apply for service in their own names becoming a new customer of the utility. The new customer will not be responsible for the delinquency incurred by the former customer, unless they were a member of the household when the charges were incurred.
- c. Although either of these steps will avoid termination, you are encouraged to seek legal advice and assistance regarding other rights that you may have.