

Tariffs Reflecting Proposed Changes



Montana-Dakota Utilities Co.

A Division-Subsidiary of MDU Resources Group, Inc.

400 N 4th Street
Bismarck, ND 58501

**State of South Dakota
Gas Rate Schedule – SDPUC Volume No. 2**

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~~DISCONNECTION OF SERVICE FOR CAUSES OTHER THAN
NONPAYMENT OF BILLS~~

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(Rev. 2/88)

**MONTANA-DAKOTA UTILITIES CO.
DISCONTINUANCE NOTICE**

NOTICE TO CUSTOMER:

Today we inspected your gas/electric service installation and under rules and regulations filed with, and approved by, the Public Utility Commission of _____, we are legally authorized to discontinue service due to an irregularity. In order to have your service restored, bring this card to our office, at the address shown below, and we will discuss the conditions under which gas/electric service may be restored.

MONTANA-DAKOTA UTILITIES CO.

Address: _____

Telephone No.: _____

Date: _____

Customer: _____

Address: _____

Meter No.: _____

Employee: _____

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**DISCONNECTION OF SERVICE FOR CAUSES OTHER THAN
NONPAYMENT OF BILLS**

Page 1 of 1

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**MONTANA-DAKOTA UTILITIES CO.
DISCONTINUANCE NOTICE**

NOTICE TO CUSTOMER:

Today we inspected your gas/electric service installation and under rules and regulations filed with, and approved by, the Public Utility Commission of _____, we are legally authorized to discontinue service due to an irregularity. In order to have your service restored, bring this card to our office, at the address shown below, and we will discuss the conditions under which gas/electric service may be restored.

MONTANA-DAKOTA UTILITIES CO

Address: _____

Telephone No.: _____

Date: _____

Customer: _____

Address: _____

Meter No.: _____

Employee: _____

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**State of South Dakota
 Gas Rate Schedule – SDPUC Volume No. 2**

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CUSTOMER'S AGENT AUTHORIZATION FORM

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B. CUSTOMER INFORMATION AND AUTHORIZATION

By signing this Agent Authorization form I agree to accept sole responsibility for all charges incurred as a result of actions taken by the Authorized Agent. I authorize Montana-Dakota to disclose any and all information about my Montana-Dakota account(s), including customer usage data, to the Agent identified in Part A of this form and the Agent's representatives (collectively, "Authorized Agent") so the Authorized Agent can conduct the following activities on my behalf:

- Request and receive billing records, billing history and all energy usage information used for bill calculation.
- Request and receive Montana-Dakota correspondence and information regarding:
 - Verification of rate, date of rate change, and related information;
 - Contracts and service agreements;
 - Previous adjustments and/or credits; and
 - Other issues or unresolved/disputed billing adjustments.
- Request and receive verification of balances and interruption notices.
- Request utility accounts to be established or terminated.
- Enroll and utilize Online Account Services.
- Change mailing address for monthly statements and other notices.
- Update phone number and other account contact information.
- Receive, review, approve, dispute and pay energy service bills.
- Receive and process Notices related to disconnection.
- Sign-up to receive account alerts via text or email.
- Enter into written contracts, including a Continuous Service Agreement.

I agree that my Authorization is effective for ALL existing, and future Montana-Dakota accounts, including those accounts opened by my Authorized Agent on my behalf until I terminate this Authorization and withdraw consent to the release of additional information by Montana-Dakota to the Authorized Agent. I understand that I have the right to terminate this Authorization at any time. I understand that to terminate Authorization, I must provide that information to Montana-Dakota in writing. I understand that I must make termination of this Authorization or changes to my authorization, either by an attachment to this Authorization form or by separate notification, to Montana-Dakota Utilities, at customerservice@mdu.com or PO Box 7608, Boise, ID 83707-1608. I understand that termination requests may take up to thirty (30) days from Montana-Dakota's receipt of my notice to take effect.

I understand that I have the right to keep certain information about my Montana-Dakota account confidential unless disclosure of it is required by law or unless I provide consent such as by my signature to this Authorization. I also understand that I am not required to make this Authorization, and if I choose not to make this Authorization, my Montana-Dakota utility services will not be affected.

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CUSTOMER'S AGENT AUTHORIZATION FORM

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I understand that once my information has been provided to the Authorized Agent identified in Part A of this form, Montana-Dakota will have no control over and no responsibility for safeguarding the confidentiality or security of the information now in the possession of the Authorized Agent or for the Authorized Agent's use, disclosure or handling of the information. Montana-Dakota shall not be responsible for monitoring or taking any steps to ensure that the Authorized Agent is maintaining the confidentiality of the information or the information as I intend. I hereby release, hold harmless and indemnify Montana-Dakota from any liability, claims, demands, causes of action, damages or expenses resulting from: 1) any release of information to my Authorized Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Authorized Agent; and 3) from any actions taken by my Authorized Agent pursuant to this Authorization, including rate changes.

SIGNED AUTHORIZATION

By my signature, I affirm that I am Customer of Record for the Montana-Dakota account(s) subject to this Authorization, everything in this Authorization is true and correct, and I authorize Montana-Dakota to disclose my customer information as specified in this form. In addition to the signature below, verbal confirmation by a representative of Montana-Dakota may be made with the Customer prior to final processing.

Name of person or business on account(s) _____

Authorized signature for Customer of Record _____

Printed Name _____ Title _____

Telephone Number _____ Date _____

FOR OFFICE USE ONLY		
ID #	Processed by:	Date:

Date Filed: _____ **Effective Date:** _____

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