

# CITY OF HARTFORD, WISCONSIN MUNICIPAL ELECTRIC UTILITY

## RATES IN EFFECT JANUARY 1, 2023

THESE RATES REMAIN UNCHANGED SINCE MARCH 2018

### RG-1 RESIDENTIAL ELECTRIC SERVICE

Customer Charge – single phase..... \$10.00/month  
Customer Charge – three phase..... \$15.00 month  
Energy Charge..... \$0.1016/kWh  
Minimum Bill..... the applicable customer charge  
Residential customers are subject to 5.5% Wisconsin State Sales Tax for bills due June to November.

### RG-2 RESIDENTIAL OPTIONAL TOD ELECTRIC SERVICE

Customer Charge – single phase..... \$10.00/month  
Customer Charge – three phase..... \$15.00 month  
Energy Charge – on peak ..... \$0.1700/kWh  
Energy Charge – off peak ..... \$0.0500/kWh  
Minimum Bill..... the applicable customer charge  
Residential customers are subject to 5.5% Wisconsin State Sales Tax for bills due June to November.

### GS-1 GENERAL ELECTRIC SERVICE

Customer Charge - single phase..... \$12.50/month  
Customer Charge - three phase ..... \$19.00/month  
Energy Charge..... \$0.1052/kWh  
Minimum Bill..... the applicable customer charge

### GS-2 GENERAL OPTIONAL TOD ELECTRIC SERVICE

Customer Charge – single phase..... \$12.50/month  
Customer Charge – three phase..... \$19.00 month  
Energy Charge – on peak ..... \$0.1750/kWh  
Energy Charge – off peak ..... \$0.0580/kWh  
Minimum Bill..... the applicable customer charge

### CP-1 SMALL POWER ELECTRIC SERVICE (50-200 kW)\*\*

Customer Charge ..... \$50.00/month  
Demand Charge per Month (Billed) ..... \$7.50/kW  
Energy Charge..... \$.0651/kWh  
Distribution Demand Charge..... \$1.05/kW  
Minimum bill.....customer charge & distribution demand charge  
PMD/TOD..... see definitions

### CP-1 SMALL POWER OPTIONAL TOD ELECTRIC SERVICE (50-200 kW)\*\*

Customer Charge ..... \$50.00/month  
Demand Charge per Month – on peak ..... \$7.50/kW  
Energy Charge – on peak ..... \$0.0915/kWh  
Energy Charge – off peak ..... \$0.0440/kWh  
Distribution Demand Charge..... \$1.50/kW  
Minimum bill.....customer charge & distribution demand charge  
PMD/TMD/TOD ..... see definitions

### CP-2 LARGE POWER ELECTRIC SERVICE (200-1000 kW)\*\*

Customer Charge ..... \$150.00/month  
Demand Charge per Month – on peak ..... \$8.50/kW  
Energy Charge – on peak ..... \$0.0701/kWh  
Energy Charge – off peak ..... \$0.0516/kWh  
Distribution Demand Charge..... \$1.50/kW  
Minimum bill.....customer charge & distribution demand charge  
PMD/TMD/TOD ..... see definitions

### CP-3 INDUSTRIAL POWER SERVICE (1000-7500 kW)\*\*

Customer Charge ..... \$250.00/month  
Demand Charge per Month – on peak ..... \$10.00/kW  
Energy Charge – on peak ..... \$0.0647/kWh  
Energy Charge – off peak ..... \$0.0485/kWh  
Distribution Demand Charge..... \$1.50/kW  
Minimum bill.....customer charge & distribution demand charge  
PMD/TMD/TOD ..... see definitions

### CP-4 LARGE INDUSTRIAL POWER SERVICE (over 7500 kW)\*\*

Customer Charge ..... \$500.00/month  
Demand Charge per Month – on peak ..... \$13.300/kW  
Energy Charge – on peak ..... \$0.0571/kWh  
Energy Charge – off peak ..... \$0.0451/kWh  
Distribution Demand Charge..... \$1.50/kW  
Minimum bill.....customer charge & distribution demand charge  
PMD/TMD/TOD .....see definitions

\*\* Footnote: Customers monthly Maximum Measured Demand must be in the range listed for three or more months in a consecutive 12 month period to qualify for the rate class.

### RECONNECTION CHARGES

A reconnection charge of \$40.00 will be assessed during regular business hours (7:30 a.m. to 3:15 p.m., Monday through Friday). After regular office hours the minimum reconnection charge of \$40.00 applies plus any overtime labor costs, not to exceed a total maximum charge of \$90.00.

### DEFINITIONS

ON PEAK is defined as 8:00 am to 8:00 p.m., Monday through Friday, excluding Holidays.

MAXIMUM MEASURED DEMAND (MMD) in any month is that demand in kilowatts needed to supply the average kilowatts in 15 consecutive minutes of greatest consumption of electricity during each month.

DISTRIBUTION DEMAND CHARGE is based off of the highest monthly Maximum Measured Demand occurring in the current month or preceding 11 month period. BILLED DEMAND shall be determined by the maximum measured demand.

ON-PEAK BILLED DEAMDN is the maximum measured demand that occurs during the on-peak period.

PRIMARY METERING DISCOUNT (PMD) = a 1.25% discount on the monthly energy charge, the customer demand charge, and the demand charge for customers metered on the primary side of the transformer at the utility's primary voltage.

TRANSMISSION METERING DISCOUNT (TMD) = a 2.50% discount on the monthly energy charge, the customer demand charge, and the demand charge for customers metered on the transmission side of the transformer at the utility's transmission voltage.

TRANSFORMER OWNERSHIP DISCOUNT (TOD) = a credit of \$0.25 per kW on the monthly customer demand charge given to customers who own and maintain their own transformers or substations.

### GENERAL CONDITIONS

\* All metered rates are subject to a positive or negative Power Cost Adjustment Charge (PCAC) equal to the amount by which the current cost of power is greater or lesser than the base cost of power purchased, using the formula prescribed by the Public Service Commission of Wisconsin.

\* Budget billing plans are available for any residential customer. Additional information is available from the Business Office.

\* All payments must be presented to the City Treasurer's office by 4:30 p.m. on the 20th day after issuance. Payments received after 4:30 p.m. on the due date are subject to a finance charge of 1% per month (12% APR) on the balance outstanding at the due date.

\* When a check is returned to the utility for insufficient funds, a charge of \$25.00 will be applied to the customer's account. Checks returned for insufficient funds are automatically referred to the Hartford Police Department.

\* Payments are accepted at the City Hall Treasurer's Office, 109 North Main Street, during regular business hours 7:30 a.m. to 4:30 p.m. Monday through Friday. After hours payments may be placed in the utility drop boxes located inside the front entrance of City Hall at 109 North Main Street or the rear drop box located off N Johnson Street. PAYMENTS PLACED IN THE UTILITY DROP BOX ARE NOT CONSIDERED PAID UNTIL THE NEXT BUSINESS DAY. Payments are also accepted on or before the due date of the following local businesses:

Forte Bank.....116 West Sumner  
Associated Bank.....1594 East Sumner

\* As authorized under Wisconsin Statute 66.60(16), delinquent utility bills at October 21st become special charges upon the property tax bill of the property owner unless paid by November 20<sup>th</sup>.

### IMPORTANT TELEPHONE NUMBERS

Utility Department.....262-670-3710  
After Hours.....262-673-2600  
Business Office.....262-673-8212  
Public Service Commission Hotline.....1-800-225-7729

**TO ALL UTILITY CUSTOMERS:**

In accordance with Public Service Commission of Wisconsin rules, please be advised the following agencies and programs may be able to provide financial aid assistance or counseling to City of Hartford Electric, Water, and Wastewater Utility customers:

WASHINGTON COUNTY DEPARTMENT OF SOCIAL SERVICES - (262) 335-4610

Use the form below to advise the utility about any critical life-sustaining medical equipment.

**CRITICAL LIFE-SUSTAINING MEDICAL EQUIPMENT FORM**

In order to process your request, the following form needs to be completed and returned by a physician to:

Mail: CITY OF HARTFORD UTILITIES  
109 N MAIN STREET  
HARTFORD, WI 53027

Fax: 262-673-8301

Email: [hartfordutilitybilling@wppienergy.org](mailto:hartfordutilitybilling@wppienergy.org)

**Customer Information** (to be completed by utility customer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Individual with Medical Condition** (to be completed by utility customer)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to customer: \_\_\_\_\_

**Release** (to be completed by resident requiring life-sustaining medical equipment or his/her legal guardian)

I \_\_\_\_\_ **resident / legal guardian** (*circle one*), hereby grant my consent to the below-named licensed physician or public health, social services, or law enforcement official to release to Hartford Utilities such information as noted below, plus any supplemental information as may be needed by Hartford Utilities to verify the medical need for Medical Alert Services.

Signature of Resident or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Patient Information** (to be completed by physician)

Patient Name: \_\_\_\_\_

Date last office visit: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Current Prescriptions: \_\_\_\_\_

Does medical condition or treatment require electricity?      Yes                  No

If yes, what type of equipment is required? \_\_\_\_\_

How often is equipment used? \_\_\_\_\_

Would loss of electricity be life threatening?                  Yes                  No

Additional comments/concerns: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_