

## SAMPLE APPLICATION COVER LETTER

[Date]

Alberta Utilities Commission  
10th Floor, 10055 106 Street  
Edmonton, Alberta T5J 2Y2

Alberta Utilities Commission  
1400, 600 Third Avenue SW  
Calgary, Alberta T2P 0G5

Attention: Fino Tiberi  
Executive Director, Market Oversight and Enforcement

Dear Mr. Tiberi

**Re: [company name]’s Utility Payment Deferral Program – self-funder rate rider application**

1. This application is brought on behalf of [list name(s) of companies], which are: [a] self-funded [electricity/gas] service provider(s) as defined in the *Utility Payment Deferral Program Regulation*.
2. [company’s name or companies’ name] is/are [select all that apply from the list below]:
  - Regulated rate provider regulated by the Commission pursuant to the *Regulated Rate Option Regulation*
  - Rural Electrification Association
  - Electricity service provider other than an regulated rate provider or a rural electrification association
  - Default supply provider pursuant to the *Gas Utilities Act*.
  - Gas service provider other than a default supply provider).
  - Gas distributor pursuant to the *Gas Utilities Act*.

[For the items below please select all that apply]

3. [company’s or companies’ name] has eligible electricity customers who were enrolled in the Electric Utility Payment Deferral Program.

[company’s or companies’ name] has eligible gas customers who were enrolled in the Gas Utility Payment Deferral Program.

4. Please accept [company’s or companies’ name]’s application for the deferred amounts not received by [company’s or companies name] from enrolled customers, under [Section 6 for electricity; Section 16 for gas] of the *Utility Payment Deferral Program Act*, to be included in a rate rider under [Section 3(1) for electricity; Section 6(1) for gas] of the *Utility Payment Deferral Program Regulation*.

Documents filed in support of this application

- The Utility Payment Deferral Program Self-Funded Service Provider Rate Rider Template, including:
  - Details of the deferred amounts that were not received from enrolled customers in the repayment period
  - The reasonable efforts made to collect the deferred amounts
- The Senior Officer's Attestation Letter
- Weighted average cost of capital template (if applicable under *Utility Payment Deferral Program Act*)
- Other attachments in support of the application, if required

Should additional information be required, please contact [company representative] at [phone].

Sincerely,

[Name]

[Title of Company Representative]

[Company's or Companies' Name]

[Company's or Companies' Address]