**SAMPLE APPLICATION COVER LETTER**

[Date]

Alberta Utilities Commission Alberta Utilities Commission

10th Floor, 10055 106 Street 1400, 600 Third Avenue SW

Edmonton, Alberta T5J 2Y2 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]

1. [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.

1. 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]