

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 19, 2007

Advice Letter: 782

Mr. Roger C. Montgomery, V. P.
Pricing and Tariffs
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

Subject: Making Ministerial Changes and Adding/Deleting Forms in the CA
and SLT Tariffs

Dear Mr. Montgomery:

Advice Letter 782 is effective July 26, 2007.

Sincerely,

A handwritten signature in black ink, appearing to read "S. H. Gallagher".

Sean H. Gallagher, Director
Energy Division

jjr



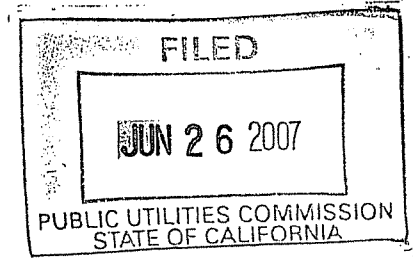
SOUTHWEST GAS CORPORATION

PLEASE STAMP AND RETURN IN
THE ENCLOSED SELF-
ADDRESSED ENVELOPE

June 26, 2007

California Public Utilities Commission
Energy Division
Attention: Sean Gallagher, Director
505 Van Ness Avenue, Room 4004
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter No. 782



Dear Mr. Gallagher:

Enclosed herewith are six (6) copies of Southwest Gas Corporation's Advice Letter No. 782, together with: 1) California Gas Tariff Sheet Nos. 6490-G through 6518-G; and 2) California - South Lake Tahoe Gas Tariff Sheet Nos. 5, 6, 186, 191, 192A, 196 through 198, 201, 202A, 205, 209, 212 through 216, 218, 219A, 219B, and 219C.

Sincerely,

Debra S. Jacobson

By [Signature]

Debra S. Jacobson, Director
Government & State Regulatory Affairs

Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 782

June 26, 2007

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (U 905 G) tenders herewith for filing the following tariff sheets.

California Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
6490-G	Gas Main Extension Agreement (Form 130.0 1/05)	5634-G*
6491-G	General Requirements Addendum to Contract for Extension of Gas Line (Form 130.6 6/06)	3979-G
6492-G	Gas Contract for Installation of Gas Service Facilities - Ingress/Egress Permit (Form 334.0 12/03)	5511-G
6493-G	Excess Flow Valve Customer Notification for New and Replacement Service Lines (Form 337.0 8/06)	5513-G
*****	Correction Request (Form 404.6 11/83)	3294-G
6494-G	Customer Trench Requirements (Form 415.0 2/94)	*****
6495-G	Utility Authorization for Core Aggregation Transportation Service (Form 881.0 7/04)	5515-G
6496-G	Certification of Health/Disability Condition (California/Nevada) (Form 913.9 12/05)	5578-G
6497-G	Application for Additional Baseline Allowance For Qualified Medical Conditions (Form 913.28 6/07)	4678-G
6498-G	Customer Declaration of Eligibility for Baseline Rates (Form 913.29 6/07)	4679-G
6499-G	Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs (Form 913.36 6/07)	6185-G
6500-G	Automatic Payment Plan Application and Agreement (Form 923.0 5/03)	5517-G



California Gas Tariff (Continued)

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
*****	Customer History Record – Residential (Form 966.0 3/99)	3304-G
*****	Customer History Record – Commercial (Form 966.1 12/86)	3305-G
6501-G	Customer Bill (Form 927.0 7/06)	5581-G
6502-G	Turn-Off Notice (Form 311.4 11/02)	5582-G
6503-G	Past Due Bill Notice Door Tag (Form 311.14C 12/05)	5583-G
6504-G	Disconnect Notice – California (Form 913.8 4/06)	5584-G
6505-G	Final Notice – California (Form 913.10 4/06)	5526-G
6506-G	Closing Bill Reminder Notice (Form 916.0 12/03)	5527-G
6507-G	Customer Bill – Disconnect Notice (Form 927.10 7/06)	5585-G
6508-G	Customer Bill – Final Notice (Form 927.11 7/06)	5586-G
6509-G	Notice of Hazardous Conditions on Customer's Premises (Form 106.0 9/02)	5530-G
6510-G	Sorry We Missed You Door Tag (Form 311.10 6/06)	5531-G
6511-G	Gas Outage Notice Door Tag (Form 510.4 4/05)	*****
6512-G	How to Read Your Meter Door Tag (Form 510.8 2/02)	*****
6513-G	Temporary Interruption Door Tag (Form 510.9 7/01)	*****
6514-G	Deposit and Closing Bill Refund (Form 917.0 11/03)	5533-G



California Gas Tariff (Continued)

<u>Cal. P.U.C. Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Cal. P.U.C. Sheet No.</u>
6515-G	Table of Contents (Continued)	6472-G
6516-G	Table of Contents (Continued)	6147-G
6517-G	Table of Contents (Continued)	5893-G
6518-G	Table of Contents	6482-G

California – South Lake Tahoe Gas Tariff

<u>Cal. P.U.C. Sheet No.</u>	<u>Title of Sheet</u>	<u>Canceling Cal. P.U.C. Sheet No.</u>
Third Revised Sheet No. 5	Table of Contents (Continued)	Second Revised Sheet No. 5
First Revised Sheet No. 6	Table of Contents (Continued)	Original Sheet No. 6
First Revised Sheet No. 186	General Requirements Addendum to Contract for Extension of Gas Line (Form 130.6 6/2006)	Original Sheet No. 186
First Revised Sheet No. 191	Excess Flow Valve Customer Notification for New and Replacement Service Lines (Form 337.0 8/2006)	Original Sheet No. 191
Original Sheet No. 192A	Customer Trench Requirements (Form 415.0 6/2003)	*****
First Revised Sheet No. 196	Certification of Health/Disability Condition (Form 913.9 12/2005)	Original Sheet No. 196
First Revised Sheet No. 197	Application for Additional Baseline Allowance for Qualified Medical Conditions (Form 913.28 6/2007)	Original Sheet No. 197
First Revised Sheet No. 198	Customer Declaration of Eligibility for Baseline Rates (Form 913.29 6/2007)	Original Sheet No. 198
Second Revised Sheet No. 201	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (Form 913.36 6/2007)	First Revised Sheet No. 201



California – South Lake Tahoe Gas Tariff (Continued)

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Original Sheet No. 202A	Deferred Payment Agreement (Form 966.4 9/1998)	*****
First Revised Sheet No. 205	Customer Bill (Form 927.0 7/2006)	Original Sheet No. 205
First Revised Sheet No. 209	Past Due Bill Notice Door Tag (Form 311.14C 7/2004)	Original Sheet No. 209
First Revised Sheet No. 212	Disconnect Notice – California (Form 913.8 4/2006)	Original Sheet No. 212
First Revised Sheet No. 213	Final Notice – California (Form 913.10 4/2006)	Original Sheet No. 213
First Revised Sheet No. 214	Closing Bill Reminder Notice (Form 916.0 12/2003)	Original Sheet No. 214
First Revised Sheet No. 215	Customer Bill – Disconnect Notice (Form 927.10 7/2006)	Original Sheet No. 215
First Revised Sheet No. 216	Customer Bill – Final Notice (Form 927.11 7/2006)	Original Sheet No. 216
First Revised Sheet No. 218	Sorry We Missed You Door Tag (Form 311.10 6/2006)	Original Sheet No. 218
Original Sheet No. 219A	Gas Outage Notice Door Tag (Form 510.4 4/2005)	*****
Original Sheet No. 219B	How to Read Your Meter Door Tag (Form 510.8 2/2002)	*****
Original Sheet No. 219C	Temporary Interruption Door Tag (Form 510.9 7/2001)	*****

This advice filing is submitted in compliance with Section II, Paragraph C (5) of General Order No. 96-A. By submitting this filing Southwest intends to update its California Gas Tariff by: (1) making ministerial revisions to twenty-one of its existing customer forms; (2) adding four forms; (3) canceling three forms that are no longer in use; and 4) making ministerial changes to the format of the Table of Contents sheets, including revising the date format. Southwest intends to update its South Lake Tahoe Gas Tariff by: (1) making ministerial revisions to fourteen of its existing customer forms; and (2) adding five forms.



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Revisions Affecting Both California and South Lake Tahoe Gas Tariffs

Form 130.0 – Gas Main Extension Agreement reflects a textual change from “CIAC” tax to “ITCC” tax.

Form 130.6 – General Requirements Addendum to Contract for Extension of Gas Line reflects various textual changes for added clarity and to conform to current Company policies and procedures.

Form 337.0 – Excess Flow Valve Customer Notification for New and Replacement Service Lines reflects various ministerial changes for added clarity, yet, no change in content or meaning.

Form 415.0 – Customer Trench Requirements is added to both the California and South Lake Gas Tariffs. An internal review of customer forms revealed that this form had not been included in the tariffs.

Form 913.9 – Certification of Health/Disability Condition reflects: 1) the removal of the Barstow non-emergency telephone number; 2) revision to the Truckee district office address; 3) and various ministerial changes for added clarity, yet, no change in content or meaning.

Form 913.28 – Application for Additional Baseline Allowance For Qualified Medical Conditions reflects a revision to: 1) the Needles district office telephone number; and 2) Victorville district office mailing address.

Form 913.29 – Customer Declaration of Eligibility for Baseline Rates reflects: 1) various ministerial changes for added clarity, yet, no change in content or meaning; and 2) the addition of the Victorville district office mailing address and telephone number.

Form 913.36 – Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs reflects revision to the Southwest district offices' telephone numbers.

Form 927.0 – Customer Bill reflects various textual changes for added clarity, yet, no change in content or meaning.

Form 311.14C - Past Due Bill Notice Door Tag reflects textual change from “returned check” to “returned item.”

Form 913.8 - Disconnect Notice – California reflects revision to: 1) the Truckee office address and telephone number; 2) the Victorville office zip code; and 3) removal of the Barstow office information.

Form 913.10 - Final Notice – California reflects revision to: 1) Southwest district offices' telephone numbers; 2) the Victorville and Truckee district offices' addresses; 3) the payment assistance agencies' names and telephone numbers; 4) addition of the Southwest website address; and 5) addition of the phrase “due on or before” for increased clarity.

Form 916.0 - Closing Bill Reminder Notice reflects revision to the form's layout, including the removal of cash (CA), check (CK), money order (MO), or credit card (CC) form of payment boxes.



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Form 927.10 - Customer Bill – Disconnect Notice revision to the form's layout, including the removal of cash (CA), check (CK), money order (MO), or credit card (CC) form of payment boxes.

Form 927.11 - Customer Bill – Final Notice reflects revision to the form's layout, including the removal of cash (CA), check (CK), money order (MO), or credit card (CC) form of payment boxes.

Form 311.10 - Sorry We Missed You Door Tag reflects a textual change from "Our Service Technician called today" to "Our Service Technician stopped by today."

Form 510.4 – Gas Outage Notice Door Tag is added to both the California and South Lake Gas Tariffs. An internal review of customer forms revealed that this form had not been included in the tariffs.

Form 510.8 – How to Read Your Meter Door Tag is added to both the California and South Lake Gas Tariffs. An internal review of customer forms revealed that this form had not been included in the tariffs.

Form 510.9 – Temporary Interruption Door Tag is added to both the California and South Lake Gas Tariffs. An internal review of customer forms revealed that this form had not been included in the tariffs.

Revisions Affecting California Gas Tariff Only

Form 334.0– Gas Contract for Installation of Gas Service Facilities - Ingress/Egress Permit reflects various textual changes for added clarity, including the insertion of a fourth item under "Contract Conditions" in conformance with current Company policies and procedures.

Form 404.6 – Correction Request is withdrawn as this form is no longer in use.

Form 881.0 – Utility Authorization for Core Aggregation Transportation Service reflects revision to the Victorville district office address and phone number.

Form 923.0 - Automatic Payment Plan Application and Agreement reflects various ministerial changes for added clarity, yet, no change in content or meaning.

Form 966.0 – Customer History Record – Residential is withdrawn as this form is no longer in use.

Form 966.1 – Customer History Record – Commercial is withdrawn as this form is no longer in use.

Form 311.4 – Turn-Off Notice reflects textual change from "returned check" to "returned item."

Form 106.0 - Notice of Hazardous Conditions on Customer's Premises reflects the addition of Spanish translation to the back of the form.

Form 917.0 - Deposit and Closing Bill Refund reflects various ministerial changes including: 1) addition of a control number to the top of the check; and 2) the removal of the amount box, signature line, and water mark from the form.



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Revisions Affecting South Lake Tahoe Gas Tariff Only

Form 966.4 – Deferred Payment Agreement is added to South Lake Gas Tariff, consistent with the California Gas tariff.

This filing will not increase any rate or charges for any class of customers, cause the withdrawal of service, or conflict with any other rate schedules or rules.

Effective Date

Southwest believes that this filing is subject to Energy Division disposition and therefore respectfully requests that it become effective July 26, 2007, which is thirty (30) calendar days from the date filed.

Protest

Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed to:

Investigation, Monitoring & Compliance Program Manager
California Public Utilities Commission, Energy Division
505 Van Ness Avenue, Room 4002
San Francisco, CA 94102
Facsimile: 415-703-2200

Copies should also be mailed to the attention of Director, Energy Division, Room 4004 at the same address as above, and mailed and faxed to:

Mr. John P. Hester, Senior Vice President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, Nevada 89193-8510
Facsimile: 702-876-7037

Notice

In accordance with General Order 96-A, Section III, Paragraph G, Southwest is mailing copies of this advice letter and related tariff sheets to the utilities and interested parties shown on the attached list.

Respectfully submitted,

Debra S. Jacobson

Debra S. Jacobson, Director
Government & State Regulatory Affairs

Attachments

DISTRIBUTION LIST

Advice Letter No. 782

In Conformance with G.O. 96-A, III-G

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Director/Division of Ratepayer Advocates

GAS MAIN EXTENSION AGREEMENT (FORM 130.0 01/05)



**SOUTHWEST GAS CORPORATION
GAS MAIN EXTENSION AGREEMENT (CALIFORNIA)**

FEC NO.	_____
NO. OF PARTICIPANTS	____ OF ____
WR/WO NO.	_____
CASH REPORT NO.	_____
REVISION NO.	_____

1. Parties; Incorporation of Rule No. 15; Amendment; Assignment.

1.1 This is a Gas Main Extension Agreement ("Agreement"), dated _____, between Southwest Gas Corporation ("Southwest") and _____ ("Applicant") at mailing address _____.

1.2 The provisions of Rule No. 15 of Southwest's California Gas Tariff ("Rule No. 15") on file with the California Public Utilities Commission ("Commission") are hereby incorporated into this Agreement. A copy of Rule No. 15 is Appendix A to this Agreement.

1.3 This Agreement may be amended only by an instrument in writing executed by all of the parties to this Agreement.

1.4 Applicant may assign this Agreement and any of Applicant's rights under this Agreement only with Southwest's prior written consent.

2. Service Location; Sketch of Requested Extension.

Applicant requests Southwest to install a gas main extension ("Extension") to the following location: _____

_____. Appendix B to this Agreement is a sketch of the Extension to be installed.

3. Utilization of Gas Service.

3.1 Gas service to be provided through the Extension is intended to be used for the following purpose(s) (indicate residential, commercial, industrial, and/or other purposes as appropriate): _____

3.2 Southwest Trench Applicant Trench Gas-only Trench Joint Trench

3.3 Appliances/Equipment to be installed and utilized, and the basis for any allowance, are as follows:

Appliance/Equipment	Therms/Year	Allowance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Southwest's Total Installed Cost.

Southwest's total installed cost of the Extension is \$ _____.

5. Non-refundable Discount Option.

Applicant does or does not opt for the non-refundable discount option, under which Applicant would contribute (on a non-refundable basis) fifty percent (50%) of the advance.

6. Applicant Design Option.

Applicant does or does not opt for the Applicant Design Option contemplated in Rule No. 15.

7. Applicant Installation Option.

Applicant does or does not opt for the Applicant Installation Option contemplated in Rule No. 15.

8. Payment of Advance.

Applicant shall pay to Southwest, at least _____ days prior to the estimated commencement of construction date of _____, an advance, which is Southwest's total installed cost of the Extension less any allowance and less any credit to which Applicant may be entitled by virtue of any Applicant contributions (e.g., in-kind services). Each Applicant advance and contribution shall include a tax component based on the multiplier for the Income Tax Component of Contributions and Advances set forth in the Preliminary Statements of Southwest's California Gas Tariff.

<u>Refundable Advance</u>		<u>50% Non-Refundable Advance</u>	
Total Cost	\$ _____	Total Cost	\$ _____
Contribution	_____	Contribution	_____
Allowance	_____	Allowance	_____
Advance Required	_____	Advance Required	_____
ITCC Tax	_____	50% Discount	_____
Total Due	\$ _____	ITCC Tax	_____
Refundable	\$ _____	Non-Refundable Total	\$ _____

Form 130.0 (01/2005) 320 Front - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**GENERAL REQUIREMENTS ADDENDUM TO CONTRACT
FOR EXTENSION OF GAS LINE (FORM 130.6 06/06)**



SOUTHWEST GAS CORPORATION

**GENERAL REQUIREMENTS ADDENDUM TO CONTRACT FOR EXTENSION
OF GAS LINE (CALIFORNIA)**

GENERAL

1. These requirements are general and will be supplemented by operating specifications which include design and specific requirements for each individual project.
2. Applicant shall refer to the person designated as such in Form 130.0 Gas Main Extension Agreement (California) to which this addendum supplements.
3. Southwest Gas Corporation (the Company), at the Applicant's expense, will designate an individual to field inspect 100% of all areas that affect gas pipeline installations.

INDEMNITY

Applicant shall indemnify Company against, and save and hold it harmless from any and all liability, claims, demands, damages, and cost of every kind and nature for injury to or death of any and all persons, including, without limitation, employees or representatives of Company or of Applicant or of any subcontractor or any other person or persons; and for damage, destruction or loss, consequential or otherwise, to or of any and all property, real or personal, including without limitation, property of Company or of Applicant or of any subcontractor or of any other person or persons, resulting from or in any manner arising out of or in connection with the performance of the work under this contract. Applicant shall also, upon request by Company and at no expense to Company, defend Company in any and all suits concerning such injury to or death of any and all persons, and concerning such damage, destruction or loss, consequential or otherwise, to or of any and all property, real or personal, including, without limitation, suits by employees or representatives of Company or of Applicant or of any subcontractor or any other person or persons. Excluded from this paragraph are only those injuries to or death of any person or persons, and damage, destruction or loss to or of property arising from the sole negligence or willful misconduct of Company or its employees or representatives.

INSURANCE

Applicant shall, at his/her own expense, subscribe for and maintain in full force and effect during the life of this contract, liability insurance in such amounts as are prudently required to meet the contractual obligations set forth above in Section 1, Indemnity. In no case shall insurance be carried in less than the below minimum amounts, but Company reserves the right to require insurance of higher limits if, in its judgment, the nature of any individual job so requires.

WORKER'S COMPENSATION: *In amounts in conformance with Worker's Compensation Act of the State of California.*

EMPLOYER'S LIABILITY: *\$1,000,000 each occurrence.*

COMPREHENSIVE GENERAL LIABILITY: *\$1,000,000 Combined Single Limit, each occurrence.*
(including Contractual and Automobile Liability with coverage for owned, non-owned, and hired cars covering bodily injury and property damage.)

Company shall be named as Additional Insured with respect to any liability which may ensue as a result of work performed under this contract, and underwriters of the above insurance and any other insurance which may apply to the work herein shall waive their rights of subrogation against Company.

Applicant shall file with Company a certificate or certificates of insurance evidencing the full amount of insurance applicable to its operations under this contract, waivers of subrogation, designating Company as Additional Insured; and further providing that notice be given to Company at least ten days prior to the effective date of any cancellation or material change in the coverage.

Company or its representatives shall at all times have the right to inspect the original or a copy of all said policies of insurance and to require that all such insurance is obtained and is placed with insurance companies that are satisfactory to Company.

LICENSE

The Applicant must be licensed to perform gas pipeline work by The State of California.

MATERIAL

1. Applicant will obtain all material in accordance with Company Material Specifications.
2. Company representatives will have the right, at all times, to inspect all materials.

TOOLS

1. The installing contractor will provide all power and hand tools necessary in completing the project.
2. The Applicant shall use only Company approved tools and equipment while performing polyethylene (PE) heat fusion and/or welding operations.

Form 130.6 (06/2006) 581 Page 1 of 5 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

T
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**GAS CONTRACT FOR INSTALLATION OF GAS SERVICE FACILITIES—
INGRESS/EGRESS PERMIT (FORM 334.0 12/03)**



**SOUTHWEST GAS CORPORATION
CONTRACT FOR INSTALLATION OF NATURAL GAS
PIPELINE FACILITIES - INGRESS AND EGRESS
(CALIFORNIA)**

OFFICE USE ONLY	
WR # _____	Date _____
Title No. _____	

Use: This form is to be completed for each installation of natural gas pipeline facilities. It provides Southwest Gas Corporation: (1) the right of ingress and egress on the applicant's property for the purpose of installing and/or maintaining natural gas pipeline facilities; and (2) the means to bill the applicant for costs of installation that exceed the allowance. It also requires the applicant to agree to install and utilize certain appliances and/or equipment on which the justification for the installation is based and any free allowance granted.

Service Address _____ City or Location _____
Name of Applicant _____ Tract _____
Mailing Address _____ Lot(s) _____
City, State & ZIP Code _____ APN No. _____
Daytime (or) Work Phone _____ Evening (or) Home Phone _____

Type of Service	Rev/Rate	Appliances Agreed To Be Installed	Qty.	Input Cfh Ea.	Total Input Cfh	Main Allowance	Service Allowance
<input type="checkbox"/> Residential	_____	Space Heating	_____	_____	_____	_____	_____
<input type="checkbox"/> Single Family	_____	Water Heating	_____	_____	_____	_____	_____
<input type="checkbox"/> Multifamily	_____	Range	_____	_____	_____	_____	_____
<input type="checkbox"/> Mobile Home	_____	Clothes Dryer	_____	_____	_____	_____	_____
<input type="checkbox"/> Commercial	_____	Fireplace	_____	_____	_____	_____	_____
<input type="checkbox"/> Industrial	_____	Barbecue	_____	_____	_____	_____	_____
<input type="checkbox"/> Transportation	_____	Pool/Spa	_____	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> New Construction	_____	_____	_____	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> Conversion	_____	<input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric	_____	_____	_____	_____	_____
Excess Flow Valve Requested? Yes <input type="checkbox"/> No <input type="checkbox"/> (Form 337.0 is required to be signed and kept on file.)							
Applicant will provide trench? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If trench is provided for joint use, check all that apply: <input type="checkbox"/> Cable <input type="checkbox"/> Telecommunications <input type="checkbox"/> Electric <input type="checkbox"/> Other							

Notes: _____

Contract Conditions:

- The Applicant, as owner or authorized agent for the owner, hereby requests Southwest Gas Corporation ("the Company") to install its natural gas pipeline facilities to and upon the aforementioned premises, in accordance with the provisions of its Rules as filed with the California Public Utilities Commission ("Commission") having jurisdiction over the Company's operations, and hereby grants to the Company such rights of ingress and egress as may be necessary or convenient to enable the Company to install, operate, inspect, maintain, repair and remove meters, gauges, pipelines, fittings and regulators and all other equipment and apparatus which the Company may elect to install for the purpose of furnishing natural gas service to the aforementioned premises or adjoining premises, or to make a survey of the number and type of appliances and equipment installed on the aforesaid premises. No permanent obstructions will be placed over the pipeline.
- The Applicant agrees to install and utilize the natural gas appliances and/or equipment indicated above. The justification of any applicable allowance granted the Applicant is based on the usage of the installed appliances and/or equipment (indicated above). If the appliances and/or equipment (indicated above) for natural gas service are not installed and utilized for residential service within six months or for nonresidential service within three years, the Company may bill the Applicant for the cost of the Applicant's natural gas service and/or main line installation.
- This Contract shall at all times be subject to such changes or modifications by the Commission as said Commission may from time to time direct in the exercise of its jurisdiction.
- The Applicant agrees to grant or otherwise provide to the Company, at no cost to the Company, easements and/or rights of way which are adequate, in the opinion of the Company, for the location, installation, operation, maintenance and removal of the subject pipeline facilities. When required, the Company will submit the appropriate easement and/or right of way forms to the owner for signature.

I have been informed by the Company of the applicant installation and design options whereby the installation and/or design of natural gas pipeline facilities could be performed by a qualified contractor of my choice in accordance with the Company's design, specifications and requirements.

(Check one:)

- I have elected to have the Company perform the installation. I hereby authorize the installation of natural gas pipeline facilities and agree to pay any cost of installation in excess of the allowable investment of the Company as defined in its filed rules and regulations.
 I have elected the applicant installation option.

(Check one:)

- I have elected to have the Company design the installation.
 I have elected the applicant design option.

APPLICANT	SOUTHWEST GAS CORPORATION
By _____ Date _____	By _____ Date _____
<input type="checkbox"/> Owner or Authorized Agent <input type="checkbox"/> Builder	Title _____

Form 334.0 (12/2003) 170 - Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

**EXCESS FLOW VALVE CUSTOMER NOTIFICATION
FOR NEW AND REPLACEMENT SERVICE LINES (FORM 337.0 08/06)**



**SOUTHWEST GAS CORPORATION
EXCESS FLOW VALVE CUSTOMER NOTIFICATION FOR NEW AND
REPLACEMENT SERVICE LINES**

The U.S. Department of Transportation has issued, and state regulatory commissions have adopted, Pipeline Safety Regulations 49 CFR 192.381 and 49 CFR 192.383 pertaining to "Excess Flow Valves." These regulations require natural gas companies to notify certain residential customers of the availability of an excess flow valve (EFV) that meets minimum federal performance requirements. Installation of an excess flow valve is not mandatory; however, if a customer decides to have this device installed, the customer will be required to pay, in advance, the entire cost of installation. The current installation cost on new and replacement service lines is \$112.00. Southwest Gas makes no warranties, expressed, implied or otherwise, including, but not limited to the continued proper EFV operation under normal use conditions or for inadvertent valve closure under varying gas system operating conditions.

EXCESS FLOW VALVE DEFINITION

An EFV is a device designed to restrict the flow of natural gas automatically if Southwest Gas's service line is broken, completely cut, or torn apart. Such damage usually results from some type of excavation or digging. The EFV is installed on a residential service line, which is the natural gas pipe that runs underground between the gas main (usually found in or near the street) and the Southwest Gas meter on the customer's property. The EFV is designed to automatically close if a service line is damaged (as described above) between the EFV and the meter, thereby restricting the flow of gas and mitigating the potential for property damage and personal injury.

Installation of an EFV will not protect against customer appliance gas leaks, small service line punctures or gas meter leaks. An EFV will not protect against earthquakes or flooding.

CUSTOMER RESPONSIBILITIES

If a customer requests installation of an EFV, the customer shall pay the \$112.00 installation cost. Southwest Gas will supply an EFV and perform the installation. In addition, the customer is required to pay any and all future maintenance and replacement costs associated with an EFV including, but not limited to, the following: (1) excavation costs for the EFV removal and/or replacement, (2) pavement and/or landscaping replacement costs associated with any necessary excavation, (3) permitting costs needed to perform the necessary work and (4) all associated material and labor costs. The cost of removing or replacing an EFV is typically \$400 per residence, but can be more depending upon the site conditions. The EFV will remain the property of Southwest Gas and the customer may not remove, replace, repair or interfere with the EFV.

If the customer is a real estate developer or home builder, by signing below the customer acknowledges that Southwest Gas will notify the residential customer at the service address that they can make an inquiry to Southwest Gas to determine if an EFV has been installed at their address, that they can request the installation of an EFV (typically \$400 per residence), and that Southwest Gas will notify the subsequent residential customer of the customer responsibilities described above.

I, _____, hereby request *or* do not request an EFV
(Property Owner)
installation at the following address _____
_____, in accordance with the above customer responsibilities.

Customer Signature _____ **Date Signed** _____
(Property Owner)

If you have any questions or would like more information on excess flow valves, please call your local Southwest Gas Corporation Engineering Department. IF THIS FORM 337.0 IS NOT COMPLETED AND RETURNED TO SOUTHWEST GAS WITHIN TEN (10) BUSINESS DAYS OF THIS NOTIFICATION, INCLUDING PAYMENT IF REQUESTING THE EFV, THE CUSTOMER WILL BE DEEMED TO HAVE DECLINED THE OPTION TO REQUEST AN EFV.

*Distribution: White - Southwest Gas Corporation Canary - Customer
Form 337.0 (08/2006) 581 - Microsoft Word*

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
Decision No. _____ Senior Vice President Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION
P.O. Box 98510
Las Vegas, Nevada 89193-8510
California Gas Tariff

Canceling _____ Revised _____
Cal. P.U.C. Sheet No. _____
Cal. P.U.C. Sheet No. 3294-G

CORRECTION REQUEST (FORM 404.6 11/83)



SOUTHWEST GAS CORPORATION

CORRECTION REQUEST

TO: _____

ON: _____
(Month, Day, Year)

NAME:		TELEPHONE:
ADDRESS:		
CITY, STATE, ZIP:		
CONTRACT NUMBER:	DATE JOB COMPLETED:	DATE OF THIS REQUEST:

DESCRIPTION OF REQUEST:

ACTION TAKEN:

Customer Acknowledgement	CONTRACTOR
DISTRIBUTION: White & Canary to Contractor	Pink to Customer
COMPLETED WHITE TO BE RETURNED TO SWG	Gold stays in SWG Office

Form No. 404.6 (11/83)

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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CUSTOMER TRENCH REQUIREMENTS (FORM 415.0 06/03)



SOUTHWEST GAS CORPORATION
CUSTOMER TRENCH REQUIREMENTS

Southwest Gas or the customer can provide trenches to install gas mains and service lines. It may be more cost effective for the customer to provide the trench, especially when more than one utility is extending its facilities along the same path. Here are some guidelines for projects (followed by drawings of approved trench details):

1. Trenches and pipe depths depicted in the diagrams on the reverse page are specified from FINAL grade.
2. Trenches should be dug parallel or at a right angle to the property line or right-of-way wherever possible.
3. Spoils shall be kept a minimum of 2 feet from the trench wall of any trench that a person may enter.
4. All excavating shall be done in accordance with local One-Call Laws.
5. Trenches 5 feet or deeper or in unstable soil shall be shored or sloped to stable slope per OSHA requirements. Shoring costs incurred are the responsibility of the customer.
6. There must be a minimum vertical or horizontal clearance of 12 inches maintained between the gas pipe and any other utilities in the trench. Gas piping must be on top. Other utilities may be installed at the same depth. To ensure proper clearances and minimum cover requirements are met, Southwest Gas will only install gas pipe after all other utilities in the trench are installed.
7. Southwest Gas CANNOT share trench with sewer pipe.
8. Some utility companies do not allow their facilities to be in a joint trench with natural gas pipe. Contact the local Southwest Gas Sales Department in your area to confirm their policy.
9. The trench shall be smooth and free of rocks, stones, or debris that could damage the natural gas pipe. The gas pipe must be protected from rock damage by installing padding and shading material.
 - a. The padding and shading material shall be smooth, free of rocks, must be able to sift through 3/8" screen, and shall be of sufficient quantity to provide 6" of material above and below and 1" (minimum) between trench wall and pipe. In certain conditions, additional padding and shading may be required.
 - (1) Padding/shading is provided by the customer.
 - (2) Padding is installed by the customer.
 - (3) The customer shall be responsible for maintaining the conditions of the trench for a period up to three working days after a Southwest Gas inspector has approved the trench.
 - b. The first 6" of backfill above the shading material shall be 3" minus in size in all dimensions.
 - (1) The 3" minus material is provided by the customer.
 - (2) Southwest Gas/SWG Contractor will install all the shading material when allowed by the local municipality.
 - (3) If non-SWG contractors are permitted to install shade material, a SWG representative will be on site and observe 100% of all shading operations.
 - (4) SWG piping must meet the minimum shade/backfill requirements before Southwest Gas will energize the pipe:
 - a. Minimum requirements for service pipe is 12" on property, 18" in streets or rights-of-way.
 - b. Minimum requirements for mains is 24".

Form 415.0 (06/2003) 511 Front - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
Decision No. _____ Senior Vice President Effective _____
Resolution No. _____

UTILITY AUTHORIZATION FOR
CORE AGGREGATION TRANSPORTATION SERVICE (FORM 881.0 07/04)



SOUTHWEST GAS CORPORATION
UTILITY AUTHORIZATION FOR CORE
AGGREGATION TRANSPORTATION SERVICE

By this Utility Authorization for Core Aggregation Transportation Service (Authorization), _____

(Customer, I or my), a customer of Southwest Gas Corporation (the Company), authorize _____, a Core Transportation Agent (Aggregator) to be the sole party authorized to act on my behalf for all matters doing business with the Company, including but not limited to signing contracts; the purchase, nomination and delivery of all gas supplies; treatment of gas imbalances; gas storage; and all related transactions, for all utility service to my facility(ies) named on the reverse side of this Authorization. This Authorization is effective as of the date set forth below and commences for each named account on the next regularly scheduled meter-reading date following the Company's receipt and acceptance of this Authorization from the Aggregator.

I understand and agree that the Company will provide its services to me as established in the terms and conditions of the Company's California Tariff Rules and Rate Schedules approved by the California Public Utilities Commission (CPUC), which my Aggregator has provided to me, as well as other rules and regulations and any modifications thereof which are from time to time authorized by the CPUC.

I authorize the Company to release to the Aggregator by written or electronic transfer any and all current and historical gas usage information the Company has in its records on my account or facility(ies).

I understand and agree that I continue to be responsible for payment of my utility bills, including bills incurred by the Aggregator on my behalf. In addition to transmission charges, I understand that the Aggregator may incur such charges as imbalance charges, interstate interconnections charges and storage charges. I understand that any payments I make to the Aggregator do not in any way limit my liability to the Company. I also understand that I am responsible for any Transportation Franchise Fee that my city or county may require as a result of my receiving my gas commodity through the Aggregator. I understand that the CPUC does not regulate the Aggregator and any disputes with the Aggregator will be my sole responsibility. This Authorization will remain effective for a minimum period of 12 months from the date that my core aggregation transportation service begins and will continue month to month thereafter until I notify the Company in writing that this Authorization is terminated and that termination has been processed.

Check one:

- I want the Company to continue to bill me directly for its services.
 I want my Company charges sent to the Aggregator. However, I will receive an information-only statement of my Company charges, sent by the Company to my current billing address(es).

Please type or print clearly:

Executed this ____ day of _____, _____, by a duly authorized representative of the Customer.

Customer or Company Name _____

Address _____

(This is the address the Company will use to send program literature, tariffs and rules, and executed agreements. This will not change the current billing address of your accounts.)

By (signature): _____ Title: _____

Print or Type Name: _____ Contact Name (if different): _____

Telephone: _____ Fax: _____

Note: The Company must receive one completed and signed original of this Authorization, including the reverse side of this Authorization. The Company cannot accept facsimiles or photocopies. Thank you.

Form 881.0 (07/2004) 106 Front

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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CERTIFICATION OF HEALTH/DISABILITY CONDITION (FORM 913.9 12/05)



**SOUTHWEST GAS CORPORATION
CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION
(CALIFORNIA & NEVADA)**

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the patient named below. The information provided shall be for the exclusive use of SWG to help ensure that the gas service for the patient will not be wrongfully terminated. This form must be completed and returned to SWG within five (5) days. If this deadline cannot be met, call the SWG office in your area (see district office locations below).

SWG Customer of Record _____
SWG Account No. _____ SWG Customer Date of Birth _____

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Please Print

This is to certify that _____
Patient's Last Name *First Name* *MI* *Date of Birth*

is the customer of record or a permanent resident at _____
Service Address

_____ on _____, _____
Month and Day *Year*

Termination of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition.

Specify nature of illness or disability condition _____

Is condition permanent? Yes No If no, expected recovery date _____

Additional comments _____

Name and title of attending physician, public health nurse, or social worker (please print)

Signature of physician, public health nurse, or social worker *Title*

Name of medical or other facility where service is rendered (please print)

Date Signed *Telephone Number*

I hereby certify that I have read the above statements and they are correct.

Signature of SWG Customer of Record *Date Signed*

SOUTHWEST GAS CORPORATION DISTRICT OFFICE LOCATIONS

- Big Bear Lake, CA.....40844 Big Bear Boulevard..... (800) 443-8093
- Bullhead City, AZ..... 1705 Langford Drive..... (800) 748-5539
- Carson City, NV.....400 Eagle Station Lane..... (800) 832-2555
- Elko, NV.....744 Commercial Street..... (800) 832-2555
- Fallon, NV.....148 North Carson Street..... (800) 832-2555
- Incline Village, NV.....218 Incline Court..... (800) 832-2555
- Las Vegas, NV.....4300 West Tropicana Avenue..... (702) 365-1555
- Truckee, CA.....10682 Pioneer Trail..... (800) 832-2555
- Victorville, CA.....13471 Mariposa Road.....(760) 241-9321 or (800) 443-8093
- Winnemucca, NV.....3294 Trader's Way, Suite A..... (800) 832-2555

Form 913.9 (12/2005) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE
FOR QUALIFIED MEDICAL CONDITIONS (FORM 913.28 06/07)



SOUTHWEST GAS CORPORATION

**APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE FOR QUALIFIED
MEDICAL CONDITIONS**

Customer hereby claims eligibility for additional baseline rates and declares that the service requested will be used for residential purposes under the provisions of Southwest Gas Corporation's (the Company) applicable rate schedules.

Customer Information:

Name _____

Service Address _____
Street City State ZIP Code

Mailing Address _____
(if different from service address) Street or P.O. Box City State ZIP Code

Telephone No. () _____ Account Number _____

Would you like information regarding "Third Party Notification"? Yes No

Declaration of Eligibility – Please sign and date below and return form to Southwest Gas Corporation

I, the undersigned, certify that _____ is a full-time resident of my household and is a: hemiplegic, paraplegic, quadriplegic, multiple sclerosis patient, scleroderma patient or person who is being treated for a life-threatening illness and has a compromised immune system with space heating/cooling needs in excess of the average residential user.

I declare that I am a customer of the Company and that the above stated individual is a permanent resident at the above service address, where gas is used for space heating/cooling, thereby qualifying me for an additional standard monthly allowance of 25 therms under the baseline rate.

I understand that if I can provide written verification by a state licensed physician, surgeon or osteopath that the standard monthly allowance of 25 therms is insufficient to meet the life-support and comfort requirements of the eligible resident, the Company shall make a determination as to the additional quantity required and round such quantity to the next higher 25 therms. Such written verification shall be made a part hereof.

I further acknowledge that eligibility is restricted to the above service address and I agree to notify the Company immediately if the disabled person no longer resides at this address or if gas is not used for heating/cooling.

I understand that I must renew this application at the request of the Company in order to maintain this additional baseline allowance.

Customer Signature _____ Date Signed _____

Letter Of Certification—By physician, surgeon or osteopath licensed to practice medicine in the state of _____

I hereby certify that _____ is a: hemiplegic, paraplegic, quadriplegic, multiple sclerosis patient, scleroderma patient or person who is being treated for a life-threatening illness and has a compromised immune system with space heating/cooling needs in excess of the average residential user.

Name of Physician _____ Telephone No. _____

Business Address _____
Street or P.O. Box City State ZIP Code

Registration No. _____

Physician Signature _____ Date Signed _____

Mailing Address:

ATTN CARE
Southwest Gas Corporation
PO Box 1498
Victorville, CA 92393-1498

For additional information, please call:

Customer Assistance.....(800) 443-8093
Hearing Impaired 711
Apply online at: www.swgas.com

For Company Use Only: Date Received _____ Date Processed _____

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

**CUSTOMER DECLARATION OF ELIGIBILITY
FOR BASELINE RATES (FORM 913.29 06/07)**



SOUTHWEST GAS CORPORATION

**CUSTOMER DECLARATION OF ELIGIBILITY FOR BASELINE RATES
(California)**

Customer hereby claims eligibility for baseline rates and declares that the service requested will be used for residential purposes under the provisions of Southwest Gas Corporation's (the Company) applicable rate schedules (Schedule Nos. GS-20/GN-20, GS-25/GN-25, GST-223 and GMT-224). The total baseline allowance will be determined by the stated number of occupied units to be billed.

Customer Information:

Name _____ Account Number _____

has requested the Company to provide gas service to the customer's premises located at:

Service Address _____
Street City State ZIP Code

Mailing Address _____
(if different from service address) Street or P.O. Box City State ZIP Code

Please state the number of:

- a. occupied dwelling units, apartments, or mobile home spaces with current natural gas service _____
- b. occupied units listed above that are submetered _____

Customer hereby grants the Company the right of access to the described premises at reasonable hours for verification of the information furnished in this declaration. Refusal of access shall be reason for disqualification of baseline rates. Customer agrees to notify the Company of any change in the number of residential dwelling units or mobile home spaces utilizing gas service within 15 days following such change. Failure to do so may result in the loss of baseline rates. If the Company establishes that a customer is ineligible to receive baseline rates, an appropriate adjusted bill may be rendered to the customer.

Customer Signature _____ Date Signed _____

Mailing Address:
ATTN CARE
Southwest Gas Corporation
PO Box 1498
Victorville, CA 92393-1498

For additional information, please call:
Customer Assistance (800) 443-8093
Hearing Impaired 711
Apply online at: www.swgas.com

For Company Use Only: Date Received _____ Date Processed _____

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES**
(FORM 913.36 06/07)

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES**



Instructions

1. READ ALL information and instructions before you complete this application.
2. DETERMINE if the facility meets the definition of qualified agricultural employee housing. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to:
ATTN CARE
SOUTHWEST GAS CORPORATION
PO BOX 1498
VICTORVILLE CA 92393-1498

If you have questions, please contact your local office listed below.
Si tiene preguntas, por favor llame a una de las oficinas de su localidad de la lista a continuación.

Employee Housing (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state/local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
 - Provide a copy of the current permit issued by the State Department of Housing and Community Development.
 - Total energy used must be 100% residential.
- Housing For Agricultural Employees (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.
 - Supporting documentation required:
 - Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
 - Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all households and individuals residing in the facility meet the CARE income eligibility guidelines (see Eligibility Criteria For Applicant section) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At annual recertification, describe how the past year's discount was used and how the next year's discount is expected to be used for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from Federal tax returns, payroll stubs, or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and for recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and for recertification.
- Upon request from the utility, provide documentation of the resident's income eligibility and documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

For additional information contact the Southwest Gas office nearest you, Monday through Friday, 8 a.m. to 5 p.m.

CARE Customer Assistance (800) 443-8093
Hearing Impaired 711
Apply online at: www.swgas.com

DISCOUNT

The CARE program provides a 20% discount on the monthly utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the facility receives and approves the application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents/households of Employee Housing or Housing for Agricultural Employees meet the CARE income eligibility guidelines, excluding any employee operating or managing the facility who resides at the facility. (See enclosed application for current CARE income eligibility guidelines.) Pursuant to Assembly Bill 868, all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program discount.
- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

ELIGIBLE FACILITIES

Migrant Farmworker Housing Centers, provided pursuant to Section 50710 of the Health and Safety Code:

- Supporting documentation required:
 - Provide a copy of the current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)
- Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

Form 913.36 (06/2007) 320 From Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

AUTOMATIC PAYMENT PLAN APPLICATION & AGREEMENT (FORM 923.0 05/03)



SOUTHWEST GAS CORPORATION

Sign up for the Automatic Payment Plan

Now you can pay your gas bill conveniently and automatically without writing a check or mailing an envelope. Here's how the plan works:

What is the Automatic Payment Plan?

The Automatic Payment Plan (APP) is a program for Southwest Gas customers that allows you to pay your gas bill with an automatic withdrawal from your checking or savings account.

Who can join the Plan?

Any Southwest Gas customer with a valid checking or savings account may join APP.

How do I join APP?

Complete the application on the reverse side and return it to your local Southwest Gas office. Within one or two billings, notice of your enrollment in APP will appear on your gas bill. **Please continue to make payments until you receive notice that an automatic payment will be made.**

Will I still receive a bill from Southwest Gas? How will I know how much will be deducted from my account?

You will continue to receive a bill showing the amount due. Your bank account will be debited on the due date as shown on your gas bill.

What if I have a question about my Southwest Gas bill?

Please call your local office. The telephone number is listed at the top right corner of your bill.

Do I need to include anything with my Automatic Payment Plan application?

If payment will be made from your checking account, **include a voided check with your application.** If payment will be made from your savings account, **include your savings deposit slip.** Be sure to include your bank's routing number (see explanation below) on the application form.

What is a routing number?

A routing number identifies the location of your bank or other financial institution. It is usually the first nine digits found at the bottom left corner of your personal check or savings account deposit slip. If you cannot locate the routing number for your account, your local financial institution will be able to help you identify it.

Please see reverse side for application.

Form 923.0 (05/2003) 320 Front

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____


Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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CUSTOMER HISTORY RECORD - RESIDENTIAL (FORM 966.0 03/89)

 **CUSTOMER HISTORY RECORD - RESIDENTIAL**

Name, Last _____ First _____ M.I. _____

CUSTOMER ACCOUNT NUMBER		SERVICE ADDRESS	DATES	BY
REV	RATE			

Spouse/Roommate Name _____ Business Phone No. _____ Home Phone No. _____

Occupation _____ Employed Address _____
 Own Buying Lease Rent

Driver's License No. _____ Social Security No. _____

DATE OF BIRTH _____ Credit/Financial Reference _____ Previous Customer Yes No

Mailing Address (if different) _____

City _____ State _____ Zip _____

Previous Address _____

Deposit No. _____ Amount _____

For Office Use Only

CPA SP CP USD BF
Specify _____
NEW Cur PLUSA Hard RTB Elderly
 SSD

Signature _____ Date Signed _____

Form No. 966.0 (3/89) 150

CUSTOMER ACCOUNT NUMBER		SERVICE ADDRESS	DATES	BY
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			

Remarks _____

Form No. 966.0 (3/89) 150 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Canceling _____

Revised _____

Cal. P.U.C. Sheet No. _____

Cal. P.U.C. Sheet No. 3305-G

CUSTOMER HISTORY RECORD - COMMERCIAL (FORM 966.1 12/86)

CUSTOMER HISTORY RECORD - COMMERCIAL

BUSINESS NAME (AS BILLED) _____

CUSTOMER SERVICE NUMBER		SERVICE ADDRESS	DATES	BY
REV	RATE			

D.B.A. (DOING BUSINESS AS) _____

TYPE/NATURE OF BUSINESS _____

BILLING ADDRESS (IF DIFFERENT) _____

TELEPHONE NO. _____

SOLE OWNER PARTNERSHIP CORPORATION

NAME(S) OF PRINCIPAL(S) _____

BANK REFERENCE _____

NAME AND TITLE OF PERSON SIGNING FORM _____

VENDOR OR OTHER REFERENCE _____

DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO. _____

DEPOSIT NUMBER _____

BOND

NUMBER _____

AMOUNT _____

AMOUNT _____

BOND COMPANY _____

DATE EFFECTIVE _____

X

SIGNATURE _____

DATE SIGNED _____

Form No. 966.1 (12/86)

CUSTOMER SERVICE NUMBER		SERVICE ADDRESS	DATES	BY
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			
REV	RATE			

REMARKS _____

Form No. 966.1 (12/86) Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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SOUTHWEST GAS CORPORATION
 P.O. Box 98510
 Las Vegas, Nevada 89193-8510
 California Gas Tariff

Canceling _____ Revised _____ Cal. P.U.C. Sheet No. 6501-G
 _____ Revised _____ Cal. P.U.C. Sheet No. 5581-G

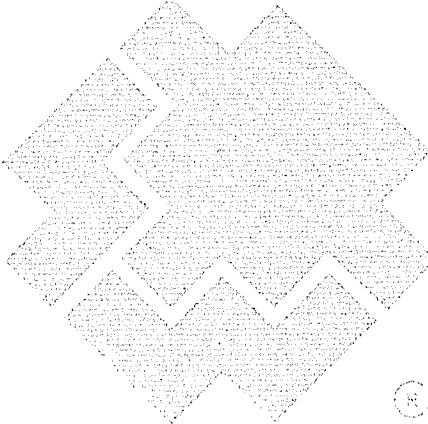
CUSTOMER BILL (FORM 927.0 07/06)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
 Rate Schedule:

Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY	AMOUNT DUE
					
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION
 PO Box 98890
 Las Vegas NV 89150-0101

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
 Decision No. _____ Senior Vice President Effective _____
 Resolution No. _____

TURN-OFF NOTICE (FORM 311.4 11/02)

Your gas service has been:

- Turned off for non-payment.
- Turned off for failure to redeem a returned payment. There will be a \$_____ returned item charge. You will be asked to make payment with cash, money order, or cashier's check.
- Turned off due to no application.
- Turned off due to no deposit or bond.
- Taken out of your name and put into your Landlord's name.
- Other _____

To have service restored, please contact our local business office. In addition to the past due amount of \$_____ you will be asked to place a deposit of \$_____ and pay a reconnection fee of \$_____ plus tax, if applicable.

By: _____

Date: _____ Time: _____

FOR INFORMATION CALL:

Between 8 a.m. - 5 p.m. After 5 p.m. or
Weekends and Holidays

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Form 311.4 (11/2002) 320 Front

Customer Name _____

Customer Address _____

Account Number _____

According to our records:

- Your gas bill is past due in the amount of \$_____.
- Your payment in the amount of \$_____ has been returned. In addition to a \$_____ returned item charge, you will be asked to make payment with cash, money order, or cashier's check.
- Your application has not been received.
- Your deposit or bond in the amount of \$_____ has not been received.
- Other _____

To avoid discontinuance of service, please contact our local business office no later than _____.

If service is discontinued, in addition to the amount listed above, you will be asked to place a deposit of \$_____ and pay a reconnection fee of \$_____ plus tax, if applicable.

PLEASE DO NOT MAIL PAYMENT

☆ SEE OTHER SIDE FOR IMPORTANT INFORMATION ☆



SOUTHWEST GAS CORPORATION

Form 311.4 (11/2002) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

PAST DUE BILL NOTICE DOOR TAG (FORM 311.14C 12/05)

Please see reverse side for important information.

Customer Name _____
Address _____
Account # _____

For Information Contact Your Local Southwest Gas Office:

Big Bear Lake, CA
40844 Big Bear Boulevard
toll-free (800) 443-8093

Truckee, CA
10682 Pioneer Trail
toll-free (800) 832-2555

Victorville, CA
13471 Mariposa Road (760) 241-9321
toll-free (800) 443-8093

Bullhead City, AZ
1705 Langford Drive
toll-free (800) 748-5539

Incline Village, NV
218 Incline Court (800) 832-2555

**California Public Utilities Commission
Consumer Affairs Branch
Toll-free Telephone Numbers -
(800) 649-7570
Hearing Impaired (866) 836-7825
E-mail: consumer-affairs@cpuc.ca.gov**



Form 311.14C (12/2005) 320 Front

According to our records:

- Your gas bill is past due in the amount of \$ _____.
- Your payment in the amount of \$ _____ has been returned. In addition to a \$ _____ returned item charge, you will be asked to make payment with cash, money order, or cashier's check.
- Your application has not been received.
- Your deposit or bond in the amount of \$ _____ has not been received.
- Other _____

To avoid discontinuance of service, please contact our office no later than _____.

If service is discontinued, in addition to the amount listed above, a deposit of \$ _____ and a reconnection fee of \$ _____ will be required.

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

PLEASE DO NOT MAIL PAYMENT

Thank you.

Form 311.14C (12/2005) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

DISCONNECT NOTICE — CALIFORNIA (FORM 913.8 04/06)

**SOUTHWEST GAS DISTRICT
OFFICE LOCATIONS**

Big Bear Lake - 40844 Big Bear Boulevard
.....(800) 443-8093

Bullhead City, AZ - 1705 Langford Drive
.....(800) 748-5539

Incline Village, NV - 218 Incline Court
.....(800) 832-2555

Truckee - 10682 Pioneer Trail
.....(800) 832-2555

Victorville - 13471 Mariposa Road
.....(760) 241-9321
.....(800) 443-8093

**CALIFORNIA PUBLIC UTILITIES
COMMISSION LOCATION**

Consumer Affairs Branch
505 Van Ness Avenue, Room 2003
San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

E-mail:

www.cpuc.ca.gov



**SOUTHWEST GAS CORPORATION
CALIFORNIA**

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The balance forward on your gas bill is past due.

Your gas service will be turned off unless payment is received at Southwest Gas by the "Due on or before" date shown on your Disconnect Notice bill.

Please telephone your local office immediately if:

- > the balance forward amount has already been paid,
- or-
- > you have questions about your gas bill.

For more information on all our payment options, visit www.swgas.com.

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Form 913.8 (04/2006) 320 Side 1

GENERAL INFORMATION

BILLS- The monthly bill is due and payable upon presentation and becomes past due if not paid by the "Due on or before" date on your bill.

PAYMENT ARRANGEMENTS- If you are unable to pay your gas bill in full, please call your local Southwest Gas office at the telephone number shown at the top of your bill. We will work with you to establish a reasonable schedule for payment of your bill. Your service could be disconnected if you do not notify us that you need assistance.

SPECIAL SERVICES- If you or any permanent resident of your household is seriously ill, elderly or disabled, there are programs available to you by contacting your local Southwest Gas business office. Some of the other services available are:

- Equal Payment Plan (to even out your billings over 12 months)
- Automatic Payment Plan (for automatic bill payment through your financial institution)
- Pay Stations (call your local Southwest Gas office for the pay station nearest you)
- Western Union® Speedpay® (to pay by ATM/ debit/credit card or electronic check, call (866) 263-5188 toll free) or log on to www.swgas.com

THIRD PARTY NOTIFICATION- This program is available to all residential customers and provides special benefits to the ill, elderly or disabled, as well as customers who are out of town for extended periods of time. It was designed to give notification to a third party (any person or public agency) who is willing to receive a copy of the customer's Disconnect Notice bill. The third party would notify the customer that prompt action is necessary to prevent discontinuance of service. Notification does not obligate the third party to pay the bill.

DISPUTED BILLS- Please refer to the "NOTICE TO SOUTHWEST GAS CORPORATION (SWG) CUSTOMERS" section, for your state, located on the back of your bill.

RETURNED ITEMS- If your payment is returned to us as uncollectible for any reason, you will be asked to pay your bill with cash, money order, or cashier's check. In addition, you will be assessed a returned item fee.

TURNING YOUR SERVICE BACK ON- In order for us to turn gas on that was disconnected for nonpayment, we must receive:

- > the past due amount of your bill plus late charges;
- > a deposit equal to two times the estimated highest monthly bill;
- > a non-refundable reestablishment charge.

Requests for service are scheduled on a first-come, first-served basis. Contact your local Southwest Gas office for scheduling.

Form 913.8 (04/2006) 320 Side 2

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

PAYMENT ASSISTANCE AGENCIES-The following are agencies or organizations that are available to assist you if you are unable to pay your gas bills. A call to your local Southwest Gas office will provide the name of any agency or organization that is not listed.

SOUTHERN CALIFORNIA

San Bernardino County:
Community Services Department
686 East Mill Street
San Bernardino, CA 92408
(909) 885-1219
(800) 635-4618

NORTHERN CALIFORNIA

El Dorado County:
937 Spring Road
Placerville, CA 95667
(530) 621-6150

Nevada County:
Nevada County Department of Housing
(530) 265-1340

Placer County:
Home Energy Assistance Program
(888) 524-5705

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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FINAL NOTICE — CALIFORNIA (FORM 913.10 04/06)

**SOUTHWEST GAS DISTRICT
OFFICE LOCATIONS**

Big Bear Lake - 40844 Big Bear Boulevard
.....(800) 443-8093

Bullhead City, AZ - 1705 Langford Drive
.....(800) 748-5539

Incline Village, NV - 218 Incline Court
.....(800) 832-2555

Truckee - 10682 Pioneer Trail
.....(800) 832-2555

Victorville - 13471 Mariposa Road
.....(760) 241-9321
.....(800) 443-8093

**CALIFORNIA PUBLIC UTILITIES
COMMISSION LOCATION**

Consumer Affairs Branch
505 Van Ness Avenue, Room 2003
San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

E-mail:

www.cpuc.ca.gov



F The balance forward on
I your gas bill is past due.
N
A Your gas service will
L be turned off unless
payment is received at
Southwest Gas by the
"Due on or before"
date shown on your
Disconnect Notice bill.

N Mailed payments may be
O received too late to avoid
T turn-off.
I
C
E

Please telephone your
local office immediately if:

- > the balance forward amount
has already been paid,
-or-
> you have questions about
your gas bill.

For more information on all
our payment options, visit
www.swgas.com.

Form 913.10 (04/2006) 320 Side 1

GENERAL INFORMATION

BILLS-The monthly bill is due and payable upon presentation and becomes past due if not paid by the "Due on or before" date on your bill.

PAYMENT ARRANGEMENTS-If you are unable to pay your gas bill in full, please call your local Southwest Gas office at the telephone number shown at the top of your bill. We will work with you to establish a reasonable schedule for payment of your bill. Your service could be disconnected if you do not notify us that you need assistance.

SPECIAL SERVICES-If you or any permanent resident of your household is seriously ill, elderly or disabled, there are programs available to you by contacting your local Southwest Gas business office. Some of the other services available are:

- **Equal Payment Plan** (to even out your billings over 12 months)
- **Automatic Payment Plan** (for automatic bill payment through your financial institution)
- **Pay Stations** (call your local Southwest Gas office for the pay station nearest you)
- **Western Union® Speedpay®** (to pay by ATM/debit/credit card or electronic check, call (866) 263-5188 toll free) or log on to www.swgas.com

THIRD PARTY NOTIFICATION-This program is available to all residential customers and provides special benefits to the ill, elderly or disabled, as well as customers who are out of town for extended periods of time. It was designed to give notification to a third party (any person or public agency) who is willing to receive a copy of the customer's Disconnect Notice bill. The third party would notify the customer that prompt action is necessary to prevent discontinuance of service. Notification does not obligate the third party to pay the bill.

DISPUTED BILLS-Please refer to the "NOTICE TO SOUTHWEST GAS CORPORATION (SWG) CUSTOMERS" section, for your state, located on the back of your bill.

RETURNED ITEMS-If your payment is returned to us as uncollectible for any reason, you will be asked to pay your bill with cash, money order, or cashier's check. In addition, you will be assessed a returned item fee.

TURNING YOUR SERVICE BACK ON-In order for us to turn gas on that was disconnected for nonpayment, we must receive:

- > the past due amount of your bill plus late charges;
- > a deposit equal to two times the estimated highest monthly bill;
- > a non-refundable reestablishment charge.

Requests for service are scheduled on a first-come, first-served basis. Contact your local Southwest Gas office for scheduling.

Form 913.10 (04/2006) 320 Side 2

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

PAYMENT ASSISTANCE AGENCIES-The following are agencies or organizations that are available to assist you if you are unable to pay your gas bills. A call to your local Southwest Gas office will provide the name of any agency or organization that is not listed.

SOUTHERN CALIFORNIA

San Bernardino County:

Community Services Department
686 East Mill Street
San Bernardino, CA 92408
(909) 885-1219
(800) 635-4618

NORTHERN CALIFORNIA

El Dorado County:

937 Spring Road
Placerville, CA 95667
(530) 621-6150

Nevada County:

Nevada County Department of Housing
(530) 265-1340

Placer County:

Home Energy Assistance Program
(888) 524-5705

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION
 P.O. Box 98510
 Las Vegas, Nevada 89193-8510
 California Gas Tariff

Canceling _____ Revised _____ Cal. P.U.C. Sheet No. 6506-G
 _____ Revised _____ Cal. P.U.C. Sheet No. 5527-G

CLOSING BILL REMINDER NOTICE (FORM 916.0 12/03)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:

ACCOUNT NUMBER	ON DATE	OFF DATE	BILL DATE	DATE MAILED
<p>Amount Past Due:</p> <p>Southwest Gas appreciates the opportunity to have served your natural gas needs. At this time, we have not received your closing bill payment. Thank you for your prompt attention to this matter. Please disregard this notice if the total amount due has been paid.</p>				

• RETURN BOTTOM PORTION WITH PAYMENT •



ACCOUNT NUMBER				CLOSING BILL REMINDER NOTICE	
ON DATE	OFF DATE	BILL DATE	DUE DATE	AMOUNT PAST DUE	

SOUTHWEST GAS CORPORATION
 PO Box 98890
 Las Vegas NV 89150-0101

Please make the check payable to SWG and write your account number on the front of the check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
 Decision No. _____

Issued by
 John P. Hester
 Senior Vice President

Date Filed June 26, 2007
 Effective _____
 Resolution No. _____

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SOUTHWEST GAS CORPORATION
 P.O. Box 98510
 Las Vegas, Nevada 89193-8510
 California Gas Tariff

Canceling _____ Revised Cal. P.U.C. Sheet No. 6507-G
 Revised Cal. P.U.C. Sheet No. 5585-G

CUSTOMER BILL — DISCONNECT NOTICE (FORM 927.10 07/06)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
 Rate Schedule:
 Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY	AMOUNT DUE
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION
 PO Box 98890
 Las Vegas NV 89150-0101

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

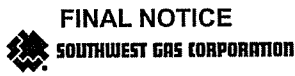
IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
 Decision No. _____ Senior Vice President Effective _____ Resolution No. _____

SOUTHWEST GAS CORPORATION
 P.O. Box 98510
 Las Vegas, Nevada 89193-8510
 California Gas Tariff

Canceling _____ Revised _____ Cal. P.U.C. Sheet No. 6508-G
 _____ Revised _____ Cal. P.U.C. Sheet No. 5586-G

CUSTOMER BILL — FINAL NOTICE (FORM 927.11 07/06)



FINAL NOTICE

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
 Rate Schedule:

Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance
				AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
 Decision No. _____ Senior Vice President Effective _____ Resolution No. _____

**NOTICE OF HAZARDOUS CONDITIONS
ON CUSTOMER'S PREMISES (FORM 106.0 09/02)**



SOUTHWEST GAS CORPORATION

NOTICE OF HAZARDOUS CONDITIONS ON CUSTOMER'S PREMISES

No. _____

This notice is given for your protection only.

Address _____ Apt. or Space No. _____ City _____

Type of Appliance :	1 = Range	4 = Dryer	7 = Gas Piping
	2 = Water Heater	5 = Oven	8 = Gas Log
	3 = Heating Appliance	6 = Pool Heater	9 = Other _____

Gas appliances at the address shown above were inspected by a Southwest Gas Service Technician. Each appliance that has a hazardous condition is listed in the box below. **On the reverse side of this form is an explanation of the condition(s) identified below.**

Appliance No. _____ Condition(s) Found A _____ B _____ C _____ D _____ E _____ Found <input type="checkbox"/> On <input type="checkbox"/> Off Appliance Left Off	Appliance No. _____ Condition(s) Found A _____ B _____ C _____ D _____ E _____ Found <input type="checkbox"/> On <input type="checkbox"/> Off Appliance Left Off	Appliance No. _____ Condition(s) Found A _____ B _____ C _____ D _____ E _____ Found <input type="checkbox"/> On <input type="checkbox"/> Off Appliance Left Off	Appliance No. _____ Condition(s) Found A _____ B _____ C _____ D _____ E _____ Found <input type="checkbox"/> On <input type="checkbox"/> Off Appliance Left Off
---	---	---	---

Comments _____

Meter Left On Off
 A permit and inspection from the appropriate building and safety department are required before gas service will be reinstated.
 When problem is corrected, call your local Southwest Gas office for gas service to be reinstated.

TECH. IDENTIFICATION NO. _____ VEHICLE NO. _____ AT _____ DATE OF ISSUE _____
a.m. p.m. month, day & year

I HAVE READ AND ACKNOWLEDGE RECEIPT OF THE FOREGOING INFORMATION. SIGNED _____ DATE SIGNED _____
month, day & year

OWNER TENANT OCCUPANT AGENT
NOTICE OF HAZARDOUS CONDITIONS ON CUSTOMER'S PREMISES
Form 106.0 (09/2002) 310 Front

- SEE REVERSE SIDE -
Distribution: White - Office Canary & Pink - Customer

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
Decision No. _____ Senior Vice President Effective _____ Resolution No. _____

SORRY WE MISSED YOU DOOR TAG (FORM 311.10 06/06)



- Your GAS service has been turned OFF due to:
 - Repairs on Company facilities.
 - Unusual usage.
 - Gas leak on your piping.
 - Report of natural gas odor inside and no one was home.
- Our Service Technician stopped by today on a scheduled visit to:
 - Turn on your gas.
 - Answer your request for service.
 - Make arrangements for required periodic maintenance on your gas meter.
- Other _____

By: _____

Date: _____ Time: _____

Please contact our office.

.....
We are sorry we were not able to complete your request for service as scheduled. Please call our office to reschedule your order or restore your service. We value you as a customer and want to serve you as promptly and efficiently as possible.

Between 8 a.m. - 5 p.m.

After 5 p.m. or
Weekends and Holidays



SOUTHWEST GAS CORPORATION

Form 311.10 (06/2006) 511 Front

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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SOUTHWEST GAS CORPORATION
P.O. Box 98510
Las Vegas, Nevada 89193-8510
California Gas Tariff

Canceling _____ Original _____ Cal. P.U.C. Sheet No. 6511-G
Cal. P.U.C. Sheet No. _____

GAS OUTAGE NOTICE DOOR TAG (FORM 510.4 04/05)

**GAS SERVICE
TEMPORARILY
INTERRUPTED**

**PLEASE
DO NOT CALL OUR
OFFICE AT THIS TIME**

Due to circumstances beyond our control, the gas service to this area has been temporarily interrupted. A Southwest Gas Corporation representative will return as soon as possible to restore your gas service.

For your safety and the safety of others, please do not attempt to restore service yourself.

Thank you for your patience.



SOUTHWEST GAS CORPORATION

Form 510.4 (04/2005) 510

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

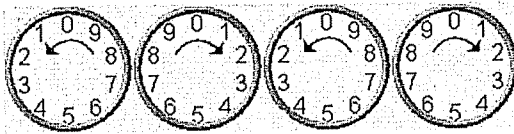
HOW TO READ YOUR METER DOOR TAG (FORM 510.8 02/02)

Date _____ Time _____

Your Read Is _____

NOTE: Your meter was read correctly if the reading obtained today is the same as or higher than the reading indicated on your current bill.

HOW TO READ YOUR METER



Read each dial in the direction shown by the arrows. If the dial hand is between numbers, use the lower one (if between 9 and 0, read 9). If the dial hand is exactly on a number, look at the dial to the immediate right. If its dial hand has not passed zero, record the lower number for the dial in question.

You can monitor your gas usage whenever you want. Visit our interactive web site at www.swgas.com to determine your reading. The specific page is www.swgas.com/howto/meter.html.

FOR INFORMATION CALL:

Between 8 a.m. - 5 p.m.



Form 510.8 (02/2002) 002 Side 1

YOU CAN HELP ENSURE CORRECT METER READINGS BY:

1. Making a key available.



2. Making sure the meter can be seen through the shrubs. Always keep the gas meter visible.



3. Keeping unfriendly dogs indoors - or on a leash - when the meter is due to be read.



Thank you for choosing Southwest Gas!

Form 510.8 (02/2002) 002 Side 2

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION
P.O. Box 98510
Las Vegas, Nevada 89193-8510
California Gas Tariff

Canceling _____ Original _____ Cal. P.U.C. Sheet No. 6513-G
Cal. P.U.C. Sheet No. _____

TEMPORARY INTERRUPTION DOOR TAG (FORM 510.9 07/01)

Tag Date

Pardon the inconvenience...

Southwest Gas Corporation is scheduled to be working on your gas line within the next few days and will temporarily interrupt your gas service.

For information regarding the construction work, please call Southwest Gas at (760) 951-4027. Thank you for your patience.

Completion Date

The required work on your gas line has been completed. For reconnect information please call Southwest Gas at (760) 241-9321. Thank you for your assistance.



SOUTHWEST GAS CORPORATION

Form 510.9 (07/2001) 120-650

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
Decision No. _____ Senior Vice President Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION
P.O. Box 98510
Las Vegas, Nevada 89193-8510
California Gas Tariff


Canceling _____

Revised
Revised

Cal. P.U.C. Sheet No. 6514-G
Cal. P.U.C. Sheet No. 5533-G

DEPOSIT AND CLOSING BILL REFUND (FORM 917.0 11/03)

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND AN ARTIFICIAL WATERMARK

	SOUTHWEST GAS CORPORATION P.O. Box 98510, Las Vegas, NV 89193-8510	BANK OF AMERICA, NEVADA Las Vegas, Nevada	94-72 1224
Customer Account Number	71244B	Check Number	Void if not cashed within 180 days
Exactly	VOID		
Pay to the Order of			

RECYCLED PAPER PRODUCT
PRINTED ON PAPER



SOUTHWEST GAS CORPORATION

Form 917.0 (11/2003) 320

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NO.</u>
130.0	Gas Main Extension Agreement (01/2005)	6490-G
130.6	General Requirements Addendum to Contract for Extension of Gas Line (06/2006)	6491-G
130.7	Service Agreement – California (11/1992)	3957-G
130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	5791-G*
334.0	Gas Contract for Installation of Gas Service Facilities–Ingress/Egress Permit (12/2003)	6492-G
336.0	Agreement for Transfer of Ownership of Distribution Systems (08/1998)	5512-G
337.0	Excess Flow Valve Customer Notification For New and Replacement Service Lines (08/2006)	6493-G
402.0	Non-Interest Bearing Sales Contract (05/1997)	5514-G
415.0	Customer Trench Requirements (06/2003)	6494-G
835.0	Nondisclosure Agreement (07/1997)	4938-G
880.0	Imbalance Trading Request (05/1994)	4173-G
881.0	Utility Authorization for Core Aggregation Transportation Service (07/2004)	6495-G
913.9	Certification of Health/Disability Condition (12/2005)	6496-G
913.28	Application for Additional Baseline Allowance for Qualified Medical Conditions (06/2007)	6497-G
913.29	Customer Declaration of Eligibility for Baseline Rates (06/2007)	6498-G
913.30	Notice and Application for California Alternate Rates for Energy (CARE) Program (05/2007)	6311-G

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

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(Continued)

<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>AGREEMENTS, APPLICATIONS & CONTRACTS</u>	<u>CAL. P.U.C.</u> <u>SHEET NO.</u>
913.31	Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs (01/2002)	6185-G
913.36	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (06/2007)	6499-G
923.0	Automatic Payment Plan Application and Agreement (05/2003)	6500-G
966.4	Deferred Payment Agreement (09/1998)	5518-G
<u>BILLS AND INVOICES</u>		
860.4	Invoice/Statement (04/1991)	3447-G
925.0	Remittance Return (07/1999)	5519-G
927.0	Customer Bill (07/2006)	6501-G
936.0	Excess Service Statement (06/1998)	5521-G
941.0	Invoice Gas Sales and Transportation (02/2001)	5522-G

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(Continued)

<u>SAMPLE FORMS</u> <u>FORM NO.</u>	<u>COLLECTION/DISCONNECTION NOTICES</u>	<u>CAL. P.U.C.</u> <u>SHEET NO.</u>	
311.4	Turn-Off Notice (11/2002)	6502-G	T
311.14C	Past Due Bill Notice Door Tag (12/2005)	6503-G	T
313.0	Notice to Tenants (05/190)	3448-G	T
313.1	Notice to Landlords (05/1990)	3449-G	T
913.8	Disconnect Notice – California (04/2006)	6504-G	T
913.10	Final Notice – California (04/2006)	6505-G	T
916.0	Closing Bill Reminder Notice (12/2003)	6506-G	T
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**GENERAL REQUIREMENTS ADDENDUM
TO CONTRACT FOR EXTENSION OF GAS LINE
(FORM 130.6 06/2006)**



SOUTHWEST GAS CORPORATION

**GENERAL REQUIREMENTS ADDENDUM TO CONTRACT FOR EXTENSION
OF GAS LINE (CALIFORNIA)**

GENERAL

1. These requirements are general and will be supplemented by operating specifications which include design and specific requirements for each individual project.
2. Applicant shall refer to the person designated as such in Form 130.0 Gas Main Extension Agreement (California) to which this addendum supplements.
3. Southwest Gas Corporation (the Company), at the Applicant's expense, will designate an individual to field inspect 100% of all areas that affect gas pipeline installations.

INDEMNITY

Applicant shall indemnify Company against, and save and hold it harmless from any and all liability, claims, demands, damages, and cost of every kind and nature for injury to or death of any and all persons, including, without limitation, employees or representatives of Company or of Applicant or of any subcontractor or any other person or persons; and for damage, destruction or loss, consequential or otherwise, to or of any and all property, real or personal, including without limitation, property of Company or of Applicant or of any subcontractor or of any other person or persons, resulting from or in any manner arising out of or in connection with the performance of the work under this contract. Applicant shall also, upon request by Company and at no expense to Company, defend Company in any and all suits concerning such injury to or death of any and all persons, and concerning such damage, destruction or loss, consequential or otherwise, to or of any and all property, real or personal, including, without limitation, suits by employees or representatives of Company or of Applicant or of any subcontractor or any other person or persons. Excluded from this paragraph are only those injuries to or death of any person or persons, and damage, destruction or loss to or of property arising from the sole negligence or willful misconduct of Company or its employees or representatives.

INSURANCE

Applicant shall, at his/her own expense, subscribe for and maintain in full force and effect during the life of this contract, liability insurance in such amounts as are prudently required to meet the contractual obligations set forth above in Section 1, Indemnity. In no case shall insurance be carried in less than the below minimum amounts, but Company reserves the right to require insurance of higher limits if, in its judgment, the nature of any individual job so requires.

WORKER'S COMPENSATION:

In amounts in conformance with Worker's Compensation Act of the State of California.

EMPLOYER'S LIABILITY:

\$1,000,000 each occurrence.

COMPREHENSIVE GENERAL LIABILITY:

\$1,000,000 Combined Single Limit, each occurrence.

(including Contractual and Automobile Liability with coverage for owned, non-owned, and hired cars covering bodily injury and property damage.)

Company shall be named as Additional Insured with respect to any liability which may ensue as a result of work performed under this contract, and underwriters of the above insurance and any other insurance which may apply to the work herein shall waive their rights of subrogation against Company.

Applicant shall file with Company a certificate or certificates of insurance evidencing the full amount of insurance applicable to its operations under this contract, waivers of subrogation, designating Company as Additional Insured; and further providing that notice be given to Company at least ten days prior to the effective date of any cancellation or material change in the coverage.

Company or its representatives shall at all times have the right to inspect the original or a copy of all said policies of insurance and to require that all such insurance is obtained and is placed with insurance companies that are satisfactory to Company.

LICENSE

The Applicant must be licensed to perform gas pipeline work by The State of California.

MATERIAL

1. Applicant will obtain all material in accordance with Company Material Specifications.
2. Company representatives will have the right, at all times, to inspect all materials.

TOOLS

1. The installing contractor will provide all power and hand tools necessary in completing the project.
2. The Applicant shall use only Company approved tools and equipment while performing polyethylene (PE) heat fusion and/or welding operations.

Form 130.6 (06/2006) 581 Page 1 of 5 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

**EXCESS FLOW VALVE CUSTOMER NOTIFICATION FOR
NEW AND REPLACEMENT SERVICE LINES**

(FORM 337.0 08/2006)



**SOUTHWEST GAS CORPORATION
EXCESS FLOW VALVE CUSTOMER NOTIFICATION FOR NEW AND
REPLACEMENT SERVICE LINES**

The U.S. Department of Transportation has issued, and state regulatory commissions have adopted, Pipeline Safety Regulations 49 CFR 192.381 and 49 CFR 192.383 pertaining to "Excess Flow Valves." These regulations require natural gas companies to notify certain residential customers of the availability of an excess flow valve (EFV) that meets minimum federal performance requirements. Installation of an excess flow valve is not mandatory; however, if a customer decides to have this device installed, the customer will be required to pay, in advance, the entire cost of installation. The current installation cost on new and replacement service lines is \$112.00. Southwest Gas makes no warranties, expressed, implied or otherwise, including, but not limited to the continued proper EFV operation under normal use conditions or for inadvertent valve closure under varying gas system operating conditions.

EXCESS FLOW VALVE DEFINITION

An EFV is a device designed to restrict the flow of natural gas automatically if Southwest Gas's service line is broken, completely cut, or torn apart. Such damage usually results from some type of excavation or digging. The EFV is installed on a residential service line, which is the natural gas pipe that runs underground between the gas main (usually found in or near the street) and the Southwest Gas meter on the customer's property. The EFV is designed to automatically close if a service line is damaged (as described above) between the EFV and the meter, thereby restricting the flow of gas and mitigating the potential for property damage and personal injury.

Installation of an EFV will **not** protect against customer appliance gas leaks, small service line punctures or gas meter leaks. An EFV will **not** protect against earthquakes or flooding.

CUSTOMER RESPONSIBILITIES

If a customer requests installation of an EFV, the customer shall pay the \$112.00 installation cost. Southwest Gas will supply an EFV and perform the installation. In addition, the customer **is required** to pay any and all future maintenance and replacement costs associated with an EFV including, but not limited to, the following: (1) excavation costs for the EFV removal and/or replacement, (2) pavement and/or landscaping replacement costs associated with any necessary excavation, (3) permitting costs needed to perform the necessary work and (4) all associated material and labor costs. The cost of removing or replacing an EFV is typically \$400 per residence, but can be more depending upon the site conditions. The EFV will remain the property of Southwest Gas and the customer may not remove, replace, repair or interfere with the EFV.

If the customer is a real estate developer or home builder, by signing below the customer acknowledges that Southwest Gas will notify the residential customer at the service address that they can make an inquiry to Southwest Gas to determine if an EFV has been installed at their address, that they can request the installation of an EFV (typically \$400 per residence), and that Southwest Gas will notify the subsequent residential customer of the customer responsibilities described above.

I, _____, hereby request *or* do not request an EFV
(Property Owner)
installation at the following address _____
_____, in accordance with the above customer responsibilities.

Customer Signature _____ Date Signed _____
(Property Owner)

If you have any questions or would like more information on excess flow valves, please call your local Southwest Gas Corporation Engineering Department. IF THIS FORM 337.0 IS NOT COMPLETED AND RETURNED TO SOUTHWEST GAS WITHIN TEN (10) BUSINESS DAYS OF THIS NOTIFICATION, INCLUDING PAYMENT IF REQUESTING THE EFV, THE CUSTOMER WILL BE DEEMED TO HAVE DECLINED THE OPTION TO REQUEST AN EFV.

*Distribution: White - Southwest Gas Corporation Canary - Customer
Form 337.0 (08/2006) 581 - Microsoft Word*

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782 Issued by John P. Hester Date Filed June 26, 2007
Decision No. _____ Senior Vice President Effective _____
Resolution No. _____

CUSTOMER TRENCH REQUIREMENTS (FORM 415.0 06/03)**SOUTHWEST GAS CORPORATION****CUSTOMER TRENCH REQUIREMENTS**

Southwest Gas or the customer can provide trenches to install gas mains and service lines. It may be more cost effective for the customer to provide the trench, especially when more than one utility is extending its facilities along the same path. Here are some guidelines for projects (followed by drawings of approved trench details):

1. Trenches and pipe depths depicted in the diagrams on the reverse page are specified from FINAL grade.
2. Trenches should be dug parallel or at a right angle to the property line or right-of-way wherever possible.
3. Spoils shall be kept a minimum of 2 feet from the trench wall of any trench that a person may enter.
4. All excavating shall be done in accordance with local One-Call Laws.
5. Trenches 5 feet or deeper or in unstable soil shall be shored or sloped to stable slope per OSHA requirements. Shoring costs incurred are the responsibility of the customer.
6. There must be a minimum vertical or horizontal clearance of 12 inches maintained between the gas pipe and any other utilities in the trench. Gas piping must be on top. Other utilities may be installed at the same depth. To ensure proper clearances and minimum cover requirements are met, Southwest Gas will only install gas pipe after all other utilities in the trench are installed.
7. Southwest Gas CANNOT share trench with sewer pipe.
8. Some utility companies do not allow their facilities to be in a joint trench with natural gas pipe. Contact the local Southwest Gas Sales Department in your area to confirm their policy.
9. The trench shall be smooth and free of rocks, stones, or debris that could damage the natural gas pipe. The gas pipe must be protected from rock damage by installing padding and shading material.
 - a. The padding and shading material shall be smooth, free of rocks, must be able to sift through 3/8" screen, and shall be of sufficient quantity to provide 6" of material above and below and 1" (minimum) between trench wall and pipe. In certain conditions, additional padding and shading may be required.
 - (1) Padding/shading is provided by the customer.
 - (2) Padding is installed by the customer.
 - (3) The customer shall be responsible for maintaining the conditions of the trench for a period up to three working days after a Southwest Gas inspector has approved the trench.
 - b. The first 6" of backfill above the shading material shall be 3" minus in size in all dimensions.
 - (1) The 3" minus material is provided by the customer.
 - (2) Southwest Gas/SWG Contractor will install all the shading material when allowed by the local municipality.
 - (3) If non-SWG contractors are permitted to install shade material, a SWG representative will be on site and observe 100% of all shading operations.
 - (4) SWG piping must meet the minimum shade/backfill requirements before Southwest Gas will energize the pipe:
 - a. Minimum requirements for service pipe is 12" on property, 18" in streets or rights-of-way.
 - b. Minimum requirements for mains is 24".

Form 415.0 (06/2003) 511 Front - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
 Decision No. _____

Issued by
 John P. Hester
 Senior Vice President

Date Filed June 26, 2007
 Effective _____
 Resolution No. _____

CERTIFICATION OF HEALTH/DISABILITY CONDITION

(FORM 913.9 12/2005)



SOUTHWEST GAS CORPORATION

CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION (CALIFORNIA & NEVADA)

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the patient named below. The information provided shall be for the exclusive use of SWG to help ensure that the gas service for the patient will not be wrongfully terminated. This form must be completed and returned to SWG within five (5) days. If this deadline cannot be met, call the SWG office in your area (see district office locations below).

SWG Customer of Record

SWG Account No. SWG Customer Date of Birth

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Please Print

This is to certify that Patient's Last Name First Name MI Date of Birth

is the customer of record or a permanent resident at Service Address

on Month and Day Year

Termination of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition.

Specify nature of illness or disability condition

Is condition permanent? Yes No If no, expected recovery date

Additional comments

Name and title of attending physician, public health nurse, or social worker (please print)

Signature of physician, public health nurse, or social worker Title

Name of medical or other facility where service is rendered (please print)

Date Signed Telephone Number

I hereby certify that I have read the above statements and they are correct.

Signature of SWG Customer of Record Date Signed

SOUTHWEST GAS CORPORATION DISTRICT OFFICE LOCATIONS

- Big Bear Lake, CA.....40844 Big Bear Boulevard..... (800) 443-8093
Bullhead City, AZ..... 1705 Langford Drive..... (800) 748-5539
Carson City, NV.....400 Eagle Station Lane..... (800) 832-2555
Elko, NV..... 744 Commercial Street..... (800) 832-2555
Fallon, NV.....148 North Carson Street..... (800) 832-2555
Incline Village, NV.....218 Incline Court..... (800) 832-2555
Las Vegas, NV.....4300 West Tropicana Avenue..... (702) 365-1555
Truckee, CA..... 10682 Pioneer Trail..... (800) 832-2555
Victorville, CA.....13471 Mariposa Road.....(760) 241-9321 or (800) 443-8093
Winnemucca, NV.....3294 Trader's Way, Suite A..... (800) 832-2555

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE
FOR QUALIFIED MEDICAL CONDITIONS
(FORM 913.28 06/2007)



SOUTHWEST GAS CORPORATION

APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE FOR QUALIFIED MEDICAL CONDITIONS

Customer hereby claims eligibility for additional baseline rates and declares that the service requested will be used for residential purposes under the provisions of Southwest Gas Corporation's (the Company) applicable rate schedules.

Customer Information:

Name _____

Service Address _____
Street City State ZIP Code

Mailing Address _____
(if different from service address) Street or P.O. Box City State ZIP Code

Telephone No. () _____ Account Number _____

Would you like information regarding "Third Party Notification"? Yes No

Declaration of Eligibility – Please sign and date below and return form to Southwest Gas Corporation

I, the undersigned, certify that _____ is a full-time resident of my household and is a: hemiplegic, paraplegic, quadriplegic, multiple sclerosis patient, scleroderma patient or person who is being treated for a life-threatening illness and has a compromised immune system with space heating/cooling needs in excess of the average residential user.

I declare that I am a customer of the Company and that the above stated individual is a permanent resident at the above service address, where gas is used for space heating/cooling, thereby qualifying me for an additional standard monthly allowance of 25 therms under the baseline rate.

I understand that if I can provide written verification by a state licensed physician, surgeon or osteopath that the standard monthly allowance of 25 therms is insufficient to meet the life-support and comfort requirements of the eligible resident, the Company shall make a determination as to the additional quantity required and round such quantity to the next higher 25 therms. Such written verification shall be made a part hereof.

I further acknowledge that eligibility is restricted to the above service address and I agree to notify the Company immediately if the disabled person no longer resides at this address or if gas is not used for heating/cooling.

I understand that I must renew this application at the request of the Company in order to maintain this additional baseline allowance.

Customer Signature _____ Date Signed _____

Letter Of Certification—By physician, surgeon or osteopath licensed to practice medicine in the state of _____

I hereby certify that _____ is a: hemiplegic, paraplegic, quadriplegic, multiple sclerosis patient, scleroderma patient or person who is being treated for a life-threatening illness and has a compromised immune system with space heating/cooling needs in excess of the average residential user.

Name of Physician _____ Telephone No. _____

Business Address _____
Street or P.O. Box City State ZIP Code

Registration No. _____

Physician Signature _____ Date Signed _____

Mailing Address:
ATTN CARE
Southwest Gas Corporation
PO Box 1498
Victorville, CA 92393-1498

For additional information, please call:
Customer Assistance.....(800) 443-8093
Hearing Impaired 711
Apply online at: www.swgas.com

For Company Use Only: Date Received _____ Date Processed _____

Form 913.28 (06/2007) 320 – Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

CUSTOMER DECLARATION OF ELIGIBILITY FOR BASELINE RATES
(FORM 913.29 06/2007)



SOUTHWEST GAS CORPORATION

CUSTOMER DECLARATION OF ELIGIBILITY FOR BASELINE RATES
(California)

Customer hereby claims eligibility for baseline rates and declares that the service requested will be used for residential purposes under the provisions of the Company's applicable rate schedules. The total baseline allowance will be determined by the stated number of occupied units to be billed.

Customer Information:

Name _____ Account Number _____

has requested Southwest Gas Corporation (the Company) to provide gas service to the customer's premises located at:

Service Address _____
Street City State ZIP Code

Mailing Address _____
(if different from service address) Street or P.O. Box City State ZIP Code

Please state the number of:

- a. occupied dwelling units, apartments, or mobile home spaces with current natural gas service _____
- b. occupied units listed above that are submetered _____

Customer hereby grants the Company the right of access to the described premises at reasonable hours for verification of the information furnished in this declaration. Refusal of access shall be reason for disqualification of baseline rates. Customer agrees to notify the Company of any change in the number of residential dwelling units or mobile home spaces utilizing gas service within 15 days following such change. Failure to do so may result in the loss of baseline rates. If the Company establishes that a customer is ineligible to receive baseline rates, an appropriate adjusted bill may be rendered to the customer.

Customer Signature _____ Date Signed _____

For additional information, please call:

- Barstow/Big Bear/Victorville(760) 241-9321 or (800) 443-8093**
- Needles(800) 748-5539**
- Tahoe/Truckee.....(800) 832-2555**

Form 913.29 (08/2006) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES
(FORM 913.36 06/2007)**

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES**



Employee Housing (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state/local agencies pursuant to Part 1 (commencing with Section 17000) of Division 13.

- Supporting documentation required:
 - Provide a copy of the current permit issued by the State Department of Housing and Community Development.
 - Total energy used must be 100% residential.

Housing For Agricultural Employees (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
 - Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
 - Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

- Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all households and individuals residing in the facility meet the CARE income eligibility guidelines (see Eligibility Criteria For Applicant section) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At annual recertification, describe how the past year's discount was used and how the next year's discount is expected to be used for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from Federal tax returns, payroll stubs, or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and for recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and for recertification.
- Upon request from the utility, provide documentation of the resident's income eligibility and documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.

For additional information contact the Southwest Gas office nearest you, Monday through Friday, 8 a.m. to 5 p.m.:

CARE Customer Assistance (800) 443-8093
Hearing Impaired 711
Apply online at: www.svargas.com

Instructions

1. READ ALL information and instructions before you complete this application.
2. DETERMINE if the facility meets the definition of qualified agricultural employee housing. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to:

ATTN: CARE
SOUTHWEST GAS CORPORATION
PO BOX 1498
VICTORVILLE CA 92393-1498

If you have questions, please contact your local office listed below.
Si tiene preguntas, por favor llame a una de las oficinas de su localidad de la lista a continuación.

DISCOUNT

The CARE program provides a 20% discount on the monthly utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the facility receives and approves the application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet ALL of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents/households of Employee Housing or Housing for Agricultural Employees meet the CARE income eligibility guidelines, excluding any employee operating or managing the facility who resides at the facility. (See enclosed application for current CARE income eligibility guidelines.) Pursuant to Assembly Bill 868, all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program discount.
- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

ELIGIBLE FACILITIES

Migrant Farmworker Housing Centers, provided pursuant to Section 50710 of the Health and Safety Code:

- Supporting documentation required:
 - Provide a copy of the current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)
 - Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

Form 913.36 (06/2007) 320 From Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

Original Cal. P.U.C. Sheet No. 202A

Cal. P.U.C. Sheet No. _____

DEFERRED PAYMENT AGREEMENT (FORM 966.4 09/1998)



**SOUTHWEST GAS CORPORATION
DEFERRED PAYMENT AGREEMENT**

Gas Bill Deposit Bond

Customer Name _____ Account No. _____

Service Address _____ Phone No. _____

Payment(s) Due on Date(s) Below Payment(s) Due Within 10 Days From the Regular Mailing Date

I agree to pay the DEFERRED PAYMENT AMOUNT of \$ _____ in the following installments:

Amount	Due Date	Turn/Off Date	Amount	Due Date	Turn/Off Date
1 _____	_____	_____	4 _____	_____	_____
2 _____	_____	_____	5 _____	_____	_____
3 _____	_____	_____	6 _____	_____	_____

I agree to pay my regular bills as well as make the above deferred installment payments as they become due. ***If I fail to meet these terms, I understand that my gas service will be discontinued.*** In that event, the total unpaid DEFERRED PAYMENT AMOUNT in addition to a reconnection fee and a security deposit will be required prior to restoring service. I have been furnished with a list of agencies that may provide financial assistance to help me pay my bill.

I have read and understand the above.

**PLEASE PRESENT WITH PAYMENT
AT YOUR LOCAL OFFICE**

Customer Signature

Date Signed

Southwest Gas Corporation Approval and Telephone Number

Form 966.4 (09/1998) 002-- Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION
P.O. Box 98510
Las Vegas, Nevada 89193-8510
California — South Lake Tahoe Tariff

Canceling _____
First Revised Cal. P.U.C. Sheet No. 205
Original Cal. P.U.C. Sheet No. 205

CUSTOMER BILL
(FORM 927.0 07/2006)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
Rate Schedule:

Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE	
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION
PO Box 98890
Las Vegas NV 89150-0101

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

PAST DUE BILL NOTICE DOOR TAG
(FORM 311.14C 12/2005)

Please see reverse side for important information.

Customer Name _____
Address _____
Account # _____

For Information Contact Your Local Southwest Gas Office:

Big Bear Lake, CA
40844 Big Bear Boulevard
toll-free (800) 443-8093

Truckee, CA
10682 Pioneer Trail
toll-free (800) 832-2555

Victorville, CA
13471 Mariposa Road (760) 241-9321
toll-free (800) 443-8093

Bullhead City, AZ
1705 Langford Drive
toll-free (800) 748-5539

Incline Village, NV
218 Incline Court (800) 832-2555

**California Public Utilities Commission
Consumer Affairs Branch
Toll-free Telephone Numbers -
(800) 649-7570
Hearing Impaired (866) 836-7825
E-mail: consumer-affairs@cpuc.ca.gov**



Form 311.14C (12/2005) 320 Front

According to our records:

- Your gas bill is past due in the amount of \$ _____.
- Your payment in the amount of \$ _____ has been returned. In addition to a \$ _____ returned item charge, you will be asked to make payment with cash, money order, or cashier's check.
- Your application has not been received.
- Your deposit or bond in the amount of \$ _____ has not been received.
- Other _____

To avoid discontinuance of service, please contact our office no later than _____.

If service is discontinued, in addition to the amount listed above, a deposit of \$ _____ and a reconnection fee of \$ _____ will be required.

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

PLEASE DO NOT MAIL PAYMENT
Thank you.

Form 311.14C (12/2005) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

DISCONNECT NOTICE — CALIFORNIA
(FORM 913.8 04/2006)

**SOUTHWEST GAS DISTRICT
OFFICE LOCATIONS**

Big Bear Lake - 40844 Big Bear Boulevard
.....(800) 443-8093

Bullhead City, AZ - 1705 Langford Drive
.....(800) 748-5539

Incline Village, NV - 218 Incline Court
.....(800) 832-2555

Truckee - 10682 Pioneer Trail
.....(800) 832-2555

Victorville - 13471 Mariposa Road
.....(760) 241-9321
.....(800) 443-8093

**CALIFORNIA PUBLIC UTILITIES
COMMISSION LOCATION**

Consumer Affairs Branch
505 Van Ness Avenue, Room 2003
San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

E-mail:

www.cpuc.ca.gov



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The balance forward on your gas bill is past due.

Your gas service will be turned off unless payment is received at Southwest Gas by the "Due on or before" date shown on your Disconnect Notice bill.

Please telephone your local office immediately if:

- > the balance forward amount has already been paid,
- or-
- > you have questions about your gas bill.

For more information on all our payment options, visit www.swgas.com.

Por favor, llame a su oficina local de Southwest Gas para obtener una versión en español.

Form 913.8 (04/2006) 320 Side 1

GENERAL INFORMATION

BILLS- The monthly bill is due and payable upon presentation and becomes past due if not paid by the "Due on or before" date on your bill.

PAYMENT ARRANGEMENTS- If you are unable to pay your gas bill in full, please call your local Southwest Gas office at the telephone number shown at the top of your bill. We will work with you to establish a reasonable schedule for payment of your bill. Your service could be disconnected if you do not notify us that you need assistance.

SPECIAL SERVICES- If you or any permanent resident of your household is seriously ill, elderly or disabled, there are programs available to you by contacting your local Southwest Gas business office. Some of the other services available are:

- **Equal Payment Plan** (to even out your billings over 12 months)
- **Automatic Payment Plan** (for automatic bill payment through your financial institution)
- **Pay Stations** (call your local Southwest Gas office for the pay station nearest you)
- **Western Union® Speedpay®** (to pay by ATM/ debit/credit card or electronic check, call (866) 263-5188 toll free) or log on to www.swgas.com

THIRD PARTY NOTIFICATION- This program is available to all residential customers and provides special benefits to the ill, elderly or disabled, as well as customers who are out of town for extended periods of time. It was designed to give notification to a third party (any person or public agency) who is willing to receive a copy of the customer's Disconnect Notice bill. The third party would notify the customer that prompt action is necessary to prevent discontinuance of service. Notification does not obligate the third party to pay the bill.

DISPUTED BILLS- Please refer to the "NOTICE TO SOUTHWEST GAS CORPORATION (SWG) CUSTOMERS" section, for your state, located on the back of your bill.

RETURNED ITEMS- If your payment is returned to us as uncollectible for any reason, you will be asked to pay your bill with cash, money order, or cashier's check. In addition, you will be assessed a returned item fee.

TURNING YOUR SERVICE BACK ON- In order for us to turn gas on that was disconnected for nonpayment, we must receive:

- > the past due amount of your bill plus late charges;
- > a deposit equal to two times the estimated highest monthly bill;
- > a non-refundable reestablishment charge.

Requests for service are scheduled on a first-come, first-served basis. Contact your local Southwest Gas office for scheduling.

Form 913.8 (04/2006) 320 Side 2

PAYMENT ASSISTANCE AGENCIES-The following are agencies or organizations that are available to assist you if you are unable to pay your gas bills. A call to your local Southwest Gas office will provide the name of any agency or organization that is not listed.

SOUTHERN CALIFORNIA

San Bernardino County:
Community Services Department
686 East Mill Street
San Bernardino, CA 92408
(909) 885-1219
(800) 635-4618

NORTHERN CALIFORNIA

El Dorado County:
937 Spring Road
Placerville, CA 95667
(530) 621-6150

Nevada County:
Nevada County Department of Housing
(530) 265-1340

Placer County:
Home Energy Assistance Program
(888) 524-5705

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

FINAL NOTICE — CALIFORNIA
(FORM 913.10 04/2006)

**SOUTHWEST GAS DISTRICT
OFFICE LOCATIONS**

Big Bear Lake - 40844 Big Bear Boulevard
.....(800) 443-8093

Bullhead City, AZ - 1705 Langford Drive
.....(800) 748-5539

Incline Village, NV - 218 Incline Court
.....(800) 832-2555

Truckee - 10682 Pioneer Trail
.....(800) 832-2555

Victorville - 13471 Mariposa Road
.....(760) 241-9321
.....(800) 443-8093

**CALIFORNIA PUBLIC UTILITIES
COMMISSION LOCATION**

Consumer Affairs Branch
505 Van Ness Avenue, Room 2003
San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

E-mail:

www.cpuc.ca.gov



**SOUTHWEST GAS CORPORATION
CALIFORNIA**

F The balance forward on
I your gas bill is past due.
N Your gas service will
A be turned off unless
L payment is received at
Southwest Gas by the
"Due on or before"
date shown on your
Disconnect Notice bill.
N Mailed payments may be
O received too late to avoid
T turn-off.
I Please telephone your
C local office immediately if:
E > the balance forward amount
has already been paid,
-or-
> you have questions about
your gas bill.

For more information on all
our payment options, visit
www.swgas.com.

Form 913.10 (04/2006) 320 Side 1

GENERAL INFORMATION

BILLS-The monthly bill is due and payable upon presentation and becomes past due if not paid by the "Due on or before" date on your bill.

PAYMENT ARRANGEMENTS-If you are unable to pay your gas bill in full, please call your local Southwest Gas office at the telephone number shown at the top of your bill. We will work with you to establish a reasonable schedule for payment of your bill. Your service could be disconnected if you do not notify us that you need assistance.

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- **Equal Payment Plan** (to even out your billings over 12 months)
- **Automatic Payment Plan** (for automatic bill payment through your financial institution)
- **Pay Stations** (call your local Southwest Gas office for the pay station nearest you)
- **Western Union® Speedpay®** (to pay by ATM/debit/credit card or electronic check, call (866) 263-5188 toll free) or log on to www.swgas.com

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DISPUTED BILLS-Please refer to the "NOTICE TO SOUTHWEST GAS CORPORATION (SWG) CUSTOMERS" section, for your state, located on the back of your bill.

RETURNED ITEMS-If your payment is returned to us as uncollectible for any reason, you will be asked to pay your bill with cash, money order, or cashier's check. In addition, you will be assessed a returned item fee.

TURNING YOUR SERVICE BACK ON-In order for us to turn gas on that was disconnected for nonpayment, we must receive:

- > the past due amount of your bill plus late charges;
- > a deposit equal to two times the estimated highest monthly bill;
- > a non-refundable reestablishment charge.

Requests for service are scheduled on a first-come, first-served basis. Contact your local Southwest Gas office for scheduling.

Form 913.10 (04/2006) 320 Side 2

PAYMENT ASSISTANCE AGENCIES-The following are agencies or organizations that are available to assist you if you are unable to pay your gas bills. A call to your local Southwest Gas office will provide the name of any agency or organization that is not listed.

SOUTHERN CALIFORNIA

San Bernardino County:
Community Services Department
686 East Mill Street
San Bernardino, CA 92408
(909) 885-1219
(800) 635-4618

NORTHERN CALIFORNIA

El Dorado County:
937 Spring Road
Placerville, CA 95667
(530) 621-6150

Nevada County:
Nevada County Department of Housing
(530) 265-1340

Placer County:
Home Energy Assistance Program
(888) 524-5705

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

First Revised Cal. P.U.C. Sheet No. 214

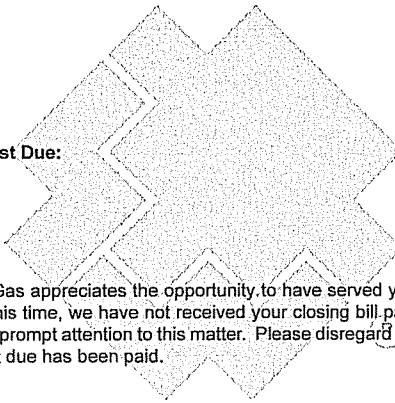
Original Cal. P.U.C. Sheet No. 214

CLOSING BILL REMINDER NOTICE
(FORM 916.0 12/2003)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:

ACCOUNT NUMBER	ON DATE	OFF DATE	BILL DATE	DATE MAILED
<p>Amount Past Due:</p>  <p>Southwest Gas appreciates the opportunity to have served your natural gas needs. At this time, we have not received your closing bill payment. Thank you for your prompt attention to this matter. Please disregard this notice if the total amount due has been paid.</p>				

• RETURN BOTTOM PORTION WITH PAYMENT •



ACCOUNT NUMBER	CLOSING BILL REMINDER NOTICE			
ON DATE	OFF DATE	BILL DATE	DUE DATE	AMOUNT PAST DUE

SOUTHWEST GAS CORPORATION
PO Box 98890
Las Vegas NV 89150-0101

Please make the check payable to SWG and write your account number on the front of the check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

First Revised Cal. P.U.C. Sheet No. 215

Original Cal. P.U.C. Sheet No. 215

CUSTOMER BILL — DISCONNECT NOTICE
(FORM 927.10 07/2006)

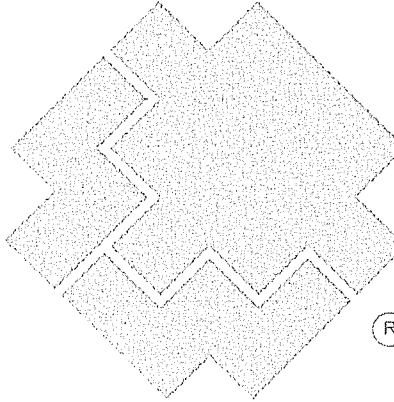
DISCONNECT NOTICE



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
Rate Schedule:

Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE
				
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance
				AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION
PO Box 98890
Las Vegas NV 89150-0101

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

First Revised Cal. P.U.C. Sheet No. 216

Original Cal. P.U.C. Sheet No. 216

CUSTOMER BILL — FINAL NOTICE
(FORM 927.11 07/2006)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address:
Rate Schedule:

Your Local Office Is

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE
Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance
				AMOUNT DUE

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS • RETURN BOTTOM PORTION WITH PAYMENT



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GAS CORPORATION

This bill is now due and payable. Please make check payable to SWG and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SORRY WE MISSED YOU DOOR TAG
(FORM 311.10 06/2006)



- Your GAS service has been turned OFF due to:
 - Repairs on Company facilities.
 - Unusual usage.
 - Gas leak on your piping.
 - Report of natural gas odor inside and no one was home.
- Our Service Technician stopped by today on a scheduled visit to:
 - Turn on your gas.
 - Answer your request for service.
 - Make arrangements for required periodic maintenance on your gas meter.
- Other _____

By: _____

Date: _____ Time: _____

Please contact our office.

.....
We are sorry we were not able to complete your request for service as scheduled. Please call our office to reschedule your order or restore your service. We value you as a customer and want to serve you as promptly and efficiently as possible.

Between 8 a.m. - 5 p.m.

After 5 p.m. or
Weekends and Holidays



SOUTHWEST GAS CORPORATION

Form 311.10 (06/2006) 511 Front

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

Original Cal. P.U.C. Sheet No. 219A

Cal. P.U.C. Sheet No. _____

GAS OUTAGE NOTICE DOOR TAG
(FORM 510.4 04/2005)

**GAS SERVICE
TEMPORARILY
INTERRUPTED**

**PLEASE
DO NOT CALL OUR
OFFICE AT THIS TIME**

Due to circumstances beyond our control, the gas service to this area has been temporarily interrupted. A Southwest Gas Corporation representative will return as soon as possible to restore your gas service.

For your safety and the safety of others, please do not attempt to restore service yourself.

Thank you for your patience.



SOUTHWEST GAS CORPORATION

Form 510.4 (04/2005) 510

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

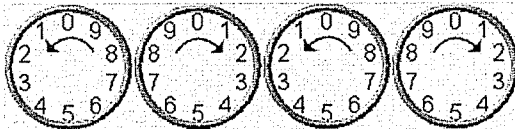
HOW TO READ YOUR METER DOOR TAG
(FORM 510.8 02/2002)

Date _____ Time _____

Your Read Is _____

NOTE: Your meter was read correctly if the reading obtained today is the same as or higher than the reading indicated on your current bill.

HOW TO READ YOUR METER



Read each dial in the direction shown by the arrows. If the dial hand is between numbers, use the lower one (if between 9 and 0, read 9). If the dial hand is exactly on a number, look at the dial to the immediate right. If its dial hand has not passed zero, record the lower number for the dial in question.

You can monitor your gas usage whenever you want. Visit our interactive web site at www.swgas.com to determine your reading. The specific page is www.swgas.com/howto/meter.html.

FOR INFORMATION CALL:

Between 8 a.m. - 5 p.m.



SOUTHWEST GAS CORPORATION

Form 510.8 (02/2002) 002 Side 1

YOU CAN HELP ENSURE CORRECT METER READINGS BY:

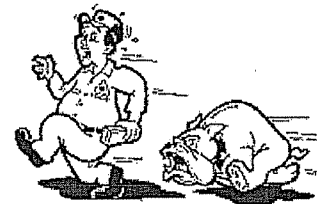
1. Making a key available.



2. Making sure the meter can be seen through the shrubs. Always keep the gas meter visible.



3. Keeping unfriendly dogs indoors - or on a leash - when the meter is due to be read.



Thank you for choosing Southwest Gas!

Form 510.8 (02/2002) 002 Side 2

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

SOUTHWEST GAS CORPORATION

P.O. Box 98510

Las Vegas, Nevada 89193-8510

California — South Lake Tahoe Tariff

Canceling _____

Original Cal. P.U.C. Sheet No. 219C

Cal. P.U.C. Sheet No. _____

TEMPORARY INTERRUPTION DOOR TAG
(FORM 510.9 07/2001)

Tag Date

Pardon the inconvenience...

Southwest Gas Corporation is scheduled to be working on your gas line within the next few days and will temporarily interrupt your gas service.

For information regarding the construction work, please call Southwest Gas at (760) 951-4027. Thank you for your patience.

Completion Date

The required work on your gas line has been completed. For reconnect information please call Southwest Gas at (760) 241-9321. Thank you for your assistance.



SOUTHWEST GAS CORPORATION

Form 510.9 (07/2001) 120-650

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed June 26, 2007
Effective _____
Resolution No. _____

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **Southwest Gas Corporation (U 905 G)**

Utility type:

ELC

GAS

PLC

HEAT

WATER

Contact Person: **Roger C. Montgomery**

Phone #: **(702)876-7321**

E-mail: **roger.montgomery@swgas.com**

EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **782**

Subject of AL: **Making ministerial changes and adding/deleting forms in the CA and SLT Tariffs**

Keywords (choose from CPUC listing): **Forms**

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL **Not applicable**

Summarize differences between the AL and the prior withdrawn or rejected AL¹: **Not applicable**

Resolution Required? Yes No

Requested effective date: **July 26, 2007**

No. of tariff sheets: **32 in CA Gas Tariff and 21 in CA South Lake Tahoe Tariff**

Estimated system annual revenue effect: (%): **Not applicable**

Estimated system average rate effect (%): **Not applicable**

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected:

Service affected and changes proposed¹: **See 'Subject of AL' above**

Pending advice letters that revise the same tariff sheets: **Not applicable**

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division

Attention: Tariff Unit

505 Van Ness Ave.,

San Francisco, CA 94102

jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Utility Info (including e-mail)

Mr. John P. Hester,

Senior Vice-President

Reg. Affairs & Energy Resources

Southwest Gas Corporation

P. O. Box 98510

Las Vegas, NV 89193-8510

Facsimile: 702-876-7037

¹ Discuss in AL if more space is needed.