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,

Sean H. Gallagher, Director

Energy Division

J W darlop L



PLEASE STAMP AND RETURN IN THE ENCLOSED SELF-ADDRESSED ENVELOPE

FILED

JUN 2 6 2007

PUBLIC UTILITIES COMMISSION STATE OF CALIFORNIA

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, Director

Government & State Regulatory Affairs

Enclosures



Advice Letter No. 782

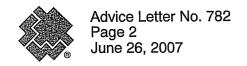
June 26, 2007

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

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

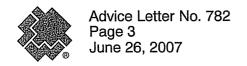
California Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
 Oneet NO.	ride of officet	OHOOKHOL
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



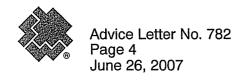
California Gas Tariff (Continued)

	California Gas Tariff (Continued)	0 12
0-1 0 11 0		Canceling Cal. P.U.C.
Cal. P.U.C. Sheet No.	Title of Sheet	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	(Continue	(k
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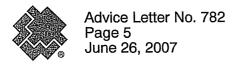
	•	Jamorina dad rami (Johnmada)	Canceling
	Cal. P.U.C. Sheet No.	Title of Sheet	Cal. P.U.C. Sheet No.
	6515-G	Table of Contents (Continued)	6472-G
	6516-G	Table of Contents (Continued)	6147-G
	6517-G	Table of Contents (Continued)	5893-G
	6518-G	Table of Contents	6482-G
		California – South Lake Tahoe Gas Tariff	Canceling
=	Cal. P.U.C. Sheet No.	Title of Sheet	Cal. P.U.C. Sheet No.
	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.	,	Canceling Cal. P.U.C.
	et No.	Title of Sheet	Sheet No.
Ori	ginal Sheet . 202A	Deferred Payment Agreement (Form 966.4 9/1998)	*****
	st Revised	Customer Bill	Original
	eet No. 205	(Form 927.0 7/2006)	Sheet No. 205
	st Revised	Past Due Bill Notice Door Tag	Original
	eet No. 209	(Form 311.14C 7/2004)	Sheet No. 209
	st Revised	Disconnect Notice – California	Original
	eet No. 212	(Form 913.8 4/2006)	Sheet No. 212
	st Revised	Final Notice – California	Original
	eet No. 213	(Form 913.10 4/2006)	Sheet No. 213
	st Revised	Closing Bill Reminder Notice	Original
	eet No. 214	(Form 916.0 12/2003)	Sheet No. 214
	st Revised eet No. 215	Customer Bill – Disconnect Notice (Form 927.10 7/2006)	Original Sheet No. 215
	st Revised	Customer Bill – Final Notice	Original
	leet No. 216	(Form 927.11 7/2006)	Sheet No. 216
	rst Revised	Sorry We Missed You Door Tag	Original
	neet No. 218	(Form 311.10 6/2006)	Sheet No. 218
	riginal neet No. 219A	Gas Outage Notice Door Tag (Form 510.4 4/2005)	*****
	riginal neet No. 219B	How to Read Your Meter Door Tag (Form 510.8 2/2002)	*****
	riginal neet 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.



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 – <u>General Requirements Addendum to Contract for Extension of Gas Line</u> 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 – <u>Customer Trench Requirements</u> 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 – <u>Certification of Health/Disability Condition</u> 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 – <u>Application for Additional Baseline Allowance For Qualified Medical Conditions</u> reflects a revision to: 1) the Needles district office telephone number; and 2) Victorville district office mailing address.

Form 913.29 – <u>Customer Declaration of Eligibility for Baseline Rates</u> 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 – <u>Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs</u> reflects revision to the Southwest district offices' telephone numbers.

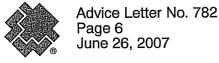
Form 927.0 – <u>Customer Bill</u> reflects various textual changes for added clarity, yet, no change in content or meaning.

Form 311.14C - <u>Past Due Bill Notice Door Tag</u> reflects textual change from "returned check" to "returned item."

Form 913.8 - <u>Disconnect Notice – California</u> 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 - <u>Final Notice – California</u> 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.



Form 927.10 - <u>Customer Bill – Disconnect Notice</u> 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 - <u>Customer Bill – Final Notice</u> 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 – <u>Gas Outage Notice Door Tag</u> 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 – <u>How to Read Your Meter Door Tag</u> 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 – <u>Temporary Interruption Door Tag</u> 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- <u>Gas Contract for Installation of Gas Service Facilities - Ingress/Egress Permit</u> 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 – <u>Utility Authorization for Core Aggregation Transportation Service</u> reflects revision to the Victorville district office address and phone number.

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

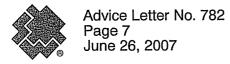
Form 966.0 - Customer History Record - Residential is withdrawn as this form is no longer in use.

Form 966.1 - <u>Customer History Record - Commercial</u> is withdrawn as this form is no longer in use.

Form 311.4 – <u>Turn-Off Notice</u> 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 - <u>Deposit and Closing Bill Refund</u> 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.



Revisions Affecting South Lake Tahoe Gas Tariff Only

Form 966.4 - <u>Deferred Payment Agreement</u> 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, 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

Car	nce	ling

Revised Cal. P.U.C. Sheet No. 6490-G

Т

Cal. P.U.C. Sheet No. 5634-G Revised

GAS MAIN EXTENSION AGREEMENT (FORM	<u>M 130.0 01/05</u>)
OUTHWEST GAS CORPORATION GAS MAIN EXTENSION AGREEMENT (CALIFORNIA)	FEC NO. NO. OF PARTICIPANTS WR/WO NO. CASH REPORT NO. REVISION NO.	OF
ties; Incorporation of Rule No. 15; Amendment; Assignment. This is a Gas Main Extension Agreement ("Agreement"), dated Southwest Gas Corporation ("Southwest") and	,	, betweer
Southwest Gas Corporation (Southwest) and		("Applicant")
at mailing address The provisions of Rule No. 15 of Southwest's California Gas Tariff ("Rule No Utilities Commission ("Commission") are hereby incorporated into this Agreeme	. 15") on file with the Cent. A copy of Rule No.	alifornia Publi 15 is Appendi

ic 1.2 A to this Agreement. This Agreement may be amended only by an instrument in writing executed by all of the parties to this Agreement. 1.3 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 \underline{B} to this Agreement is a sketch of the Extension to be installed. 3. Utilization of Gas Service. 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): Applicant Trench Gas-only Trench Joint Trench Southwest Trench Appliances/Equipment to be installed and utilized, and the basis for any allowance, are as follows: Allowance Therms/Year Appliance/Equipment 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. Payment of Advance. days prior to the estimated commencement of construction date of Applicant shall pay to Southwest, at least , 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. 50% Non-Refundable Advance Refundable Advance Total Cost Total Cost Contribution Contribution Allowance Allowance Advance Required Advance Required

ITCC Tax Total Due Refundable

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

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

50% Discount

Non-Refundable Total \$

ITCC Tax

Cai	nce	lin	a

Revised Cal. P.U.C. Sheet No. 6491-G

Revised Cal. P.U.C. Sheet No. 3979-G

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

- These requirements are general and will be supplemented by operating specifications which include design and specific requirements for each individual project.
- Applicant shall refer to the person designated as such in Form 130.0 Gas Main Extension Agreement (California) to which this addendum
- 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

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.

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

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

- The installing contractor will provide all power and hand tools necessary in completing the project.
- 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

Advice Letter No	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	T T
JO01010111110				

		Cal. P.U.C. Sheet No.	
Canceling	Revised	Cal. P.U.C. Sheet No.	<u>5511-0</u>

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

•	
	SOUTHWEST GAS CORPORATION
Y	SOUTHWEST GAS CORPORATION CONTRACT FOR INSTALLATION OF N.
	PIPELINE FACILITIES - INGRESS AND
	PIPELINE FACILITIES - INGRESS AND

	OFFICE USE ONLY
WR#	Date
Tile No	

SOUTHWEST GA CONTRACT	FOR IN	VSTALLATION	i Or r	<i>VATUKAL</i> U	1/13	VR#	
PIPFI INF	FACILIT	TIES - INGRES	S AN	D EGRESS		Tile No.	
(CALIFORNI	A)				L.		
		installation of natural go	s pipeline	facilities. It provid	des Southwest (Gas Corporation: (1,) the right of ingress
e: This form is to be compl d egress on the applicant's plicant for costs of installa uipment on which the justifi	property for	the purpose of installit	ig ana/or Iso reavit	mainiaining naiuri es the annlicant to	ui gas pipeiine o agree to insta	Jacilities; and (2) to all and utilize certain	ne means to but the n appliances and/or
ervice Address					City or L	ocation	
ame of Applicant					Tract		
ailing Address							
ity, State & ZIP Code							
aytime (or) Work Phone				Evening ((or) Home Ph	one	
aytime (os) it ossessions					Total Inp		Service
Type of Service	Rev/Rate	Appliances Agreed To Be Installed	Qty.	Input Cfh Ea.	Total Inpo	Allowance	Allowance
Residential	<u>Rev/Rate</u>	Space Heating	Ser				
		Water Heating					
		Range					
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Commercial		Barbecue					
Industrial		·					
Transportation		- Foolispa					
Other						\$	\$
☐ New Construction		ou [] n				\$. \$
☐ New Construction ☐ Conversion (☐ P			Œ	227 A is wearnined	to be signed	•	
☐ New Construction ☐ Conversion (☐ P Excess Flow Valve R	equested?	Yes No 🗌	(Form	337.0 is required	to be signed	\$ and kept on file.)	
New Construction Conversion (P Excess Flow Valve R	equested? \\ le trench? \	Yes No No Yes No No	•			and kept on file.)	
☐ New Construction ☐ Conversion (☐ P Excess Flow Valve R Applicant will provided	equested? \\ le trench? \	Yes No No Yes No No	•			and kept on file.)	
New Construction Conversion (P Excess Flow Valve R Applicant will provided If trench is provided	equested? ! le trench? ! for joint us	Yes No No Yes No No C	y: □Ca	ble Telecomn	nunications	and kept on file.) □Electric □Otl	ier
New Construction Conversion (P Excess Flow Valve R Applicant will provided Interest is provided Contract Conditions:	equested? ! le trench? ! for joint us	Yes No Yes No O	y: □Ca	ble Telecomn	nunications	and kept on file.)	install its natural gas
New Construction Conversion (P Excess Flow Valve R Applicant will provided If trench is provided Contract Conditions: The Applicant, as owner pipeline facilities to and	equested? \\ de trench? \\ for joint us \text{or authorized} upon the afore	Yes No Yes No He, check all that appled agent for the owner, hementioned premises, in	y: Ca	ble Telecomn uests Southwest Ga with the provision	as Corporation	and kept on file.) Electric Oth ("the Company") to as filed with the Cali	install its natural gas fornia Public Utilities of ingress and egress
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Advice Letter No782 Decision No	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	T T

	Revised	Cal. P.U.C. Sheet No.	6493-G
Canceling		Cal. P.U.C. Sheet 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 <u>not</u> protect against customer appliance gas leaks, small service line punctures or gas meter leaks. An EFV will <u>not</u> 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.

Ι,	, hereby \square request or \square do not request an EFV
(Property Owner)	
installation at the following address	
	, in accordance with the above customer responsibilities.
Customer Signature(Property Owner)	Date Signed
Southwest Gas Corporation Engineering Department TO SOUTHWEST GAS WITH	ore information on excess flow valves, please call your local partment. IF THIS FORM 337.0 IS NOT COMPLETED AND HIN TEN (10) BUSINESS DAYS OF THIS NOTIFICATION, THE EFV, THE CUSTOMER WILL BE DEEMED TO HAVE

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

DECLINED THE OPTION TO REQUEST AN EFV.

Advice Letter No	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	T T
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Las Vegas, Nevada 89193-8510 California Gas Tariff

Canceling

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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

June 26, 2007 Date Filed_ Effective_ Resolution No.

<u>Original</u>	Cal. P.U.C. Sheet No. <u>6494-G</u>
	Cal P.H.C. Sheet No.

CUSTOMER TRENCH REQUIREMENTS (FORM 415.0 06/03)

Canceling



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.
- 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.
 - Padding/shading is provided by the customer. (1)
 - Padding is installed by the customer. (2)
 - The customer shall be responsible for maintaining the conditions of the trench for a period up to three (3)working days after a Southwest Gas inspector has approved the trench.
 - The first 6" of backfill above the shading material shall be 3" minus in size in all dimensions.
 - The 3" minus material is provided by the customer. (1)
 - Southwest Gas/SWG Contractor will install all the shading material when allowed by the local (2) municipality.
 - If non-SWG contractors are permitted to install shade material, a SWG representative will be on site and observe 100% of all shading operations.
 - SWG piping must meet the minimum shade/backfill requirements before Southwest Gas will energize the (4)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

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

	Revised	Cal. P.U.C. Sheet No.	6495-G
Canceling	Revised	Cal. P.U.C. Sheet No.	<u>5515-G</u>

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

By this Utility Authorization for Core Aggregation Transportation Service (Authorization), (Customer, I or my), a customer of Southwest Corporation (the Company), authorize
Corporation (the Company), authorize
Agent (Aggregator) to be the sole party authorized to act on my behalf for all matters doing business with the Company, includ but not limited to signing contracts; the purchase, nomination and delivery of all gas supplies; treatment of gas imbalances; storage; and all related transactions, for all utility service to my facility(ies) named on the reverse side of this Authorizati. This Authorization is effective as of the date set forth below and commences for each named account on the next regular scheduled meter-reading date following the Company's receipt and acceptance of this Authorization from the Aggregatil understand and agree that the Company will provide its services to me as established in the terms and conditions the Company's California Tariff Rules and Rate Schedules approved by the California Public Utilities Commission (CPU which my Aggregator has provided to me, as well as other rules and regulations and any modifications thereof which 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 histor 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 the Aggregator on my behalf. In addition to transmission charges, I understand that the Aggregator may incur such charas imbalance charges, interstate interconnections charges and storage charges. I understand that any payments I make to Aggregator do not in any way limit my liability to the Company. I also understand that I am responsible for any Transporta Franchise Fee that my city or county may require as a result of my receiving my gas commodity through the Aggregator understand that the CPUC does not regulate the Aggregator and any disputes with the Aggregator will be my sole responsibility to the Company in writing that this Authorization terminated and that termination has been processed. Check one:
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☐ 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
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 Custon
Customer or Company Name

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

Form 881.0 (07/2004) 106 Front

the current billing address of your accounts.)

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

Revised Cal. P.U.C. Sheet No. <u>6496-G</u>
Revised Cal. P.U.C. Sheet No. <u>5578-G</u>

	ION OF HEALTH				
SOUTHWEST CERTIF	r GAS CORPORATION ICATION OF HEAL	TH AND/OR DISAL	BILITY CON	DITION	
<i>(CALIFO</i>	ORNIA & NEVADA)				
Southwest Gas Cor	poration (SWG) requests the	e following information reg I shall be for the exclusive u	se of SWG to neid	ensure mai me ga	is service ju
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SWG Customer of R	tecord				
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Form 913.9 (12/2005) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

dvice Letter No782 ecision No	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	• •
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	Revi <u>sed</u>	Cal. P.U.C. Sheet No.	<u>6497-G</u>
Canceling	Revised	Cal. P.U.C. Sheet No.	<u>4678-G</u>

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



California Gas Tariff

SOUTHWEST GAS CORPORATION

APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE FOR QUALIFIED MEDICAL CONDITIONS

	west 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.C	2. Box City State ZIP Code Account Number
Telephone No. ()	rmation regarding "Third Party Notification"? Yes No
	se sign and date below and return form to Southwest Gas Corporation
	is a full-time resident of my
household and is a: ☐ hemiplegic, ☐ person who is being treated heating/cooling needs in excess of t	\square paraplegic, \square quadriplegic, \square multiple sclerosis patient, \square scleroderma patient or for a life-threatening illness and has a compromised immune system with space the average residential user.
I declare that I am a customer of the service address, where gas is used allowance of 25 therms under the base.	he Company and that the above stated individual is a permanent resident at the above for space heating/cooling, thereby qualifying me for an additional standard monthly aseline rate.
monthly allowance of 25 therms is the Company shall make a determi 25 therms. Such written verification	
immediately if the disabled person	ility is restricted to the above service address and I agree to notify the Company no longer resides at this address or if gas is not used for heating/cooling.
allowance.	
allowance.	
allowance. Customer Signature	s application at the request of the Company in order to maintain this additional baseline Date Signed ysician, surgeon or osteopath licensed to practice medicine in the state of
allowance. Customer Signature Letter Of Certification—By ph	Date Signed ysician, surgeon or osteopath licensed to practice medicine in the state of
allowance. Customer Signature Letter Of Certification—By phy I hereby certify that Cupultiple colorosis patient	Date Signed ysician, surgeon or osteopath licensed to practice medicine in the state of is a: \[\begin{align*} \text{hemiplegic,} \[\begin{align*} \text{paraplegic,} \[\begin{align*} \text{quadriplegic,} \] leroderma patient or \[\begin{align*} person who is being treated for a life-threatening illness and has
allowance. Customer Signature Letter Of Certification—By phy I hereby certify that multiple sclerosis patient, scl a compromised immune system with	Date Signed ysician, surgeon or osteopath licensed to practice medicine in the state of is a: hemiplegic, paraplegic, quadriplegic,
allowance. Customer Signature Letter Of Certification—By phy I hereby certify that multiple sclerosis patient, scl a compromised immune system wi Name of Physician	Date Signed
allowance. Customer Signature Letter Of Certification—By physical I hereby certify that multiple sclerosis patient, sclarosis patient, sclarosi	is a: hemiplegic, paraplegic, quadriplegic, leroderma patient or person who is being treated for a life-threatening illness and has ith space heating/cooling needs in excess of the average residential user. Telephone No.
allowance. Customer Signature Letter Of Certification—By physical I hereby certify that multiple sclerosis patient, sclarosis patient, sclarosi	Date Signed
allowance. Customer Signature Letter Of Certification—By phy I hereby certify that multiple sclerosis patient, scl a compromised immune system wi Name of Physician Business Address Street or P.O. Box Registration No.	Date Signed
allowance. Customer Signature Letter Of Certification—By phy I hereby certify that multiple sclerosis patient, scl a compromised immune system wi Name of Physician Business Address Registration No. Physician Signature	Date Signed

Form 913.28 (06/2007) 320 – Microsoft Word

Advice Letter No782 Decision No	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	T T
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	Revised	Cal. P.U.C. Sheet No	. <u>6498-G</u>
Canceling	Revised	Cal. P.U.C. Sheet No	. <u>4679-G</u>

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



SOUTHWEST GRS 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:	.	Nimber
		Number
has requested the Company to provi	le gas service to the customer's premises locat	ed at:
Service Address		State ZIP Code
Street	City	State 21r Code
Mailing Address (if different from service address) Street or P.C.	. Box City	State ZIP Code
(y aggerencyronn service address)		
Please state the number of:		
a. occupied dwelling units, apartme	nts, or mobile home spaces with current natur	al gas service
1	re submetered	
b. occupied units listed above that	ile submetered	
the information furnished in this Customer agrees to notify the Com	ny the right of access to the described premis eclaration. Refusal of access shall be reasonable of any change in the number of resident following such change. Failure to do so may be is ineligible to receive baseline rates, an approximation of the such as the residual of the residual	ial dwelling units or mobile home spaces result in the loss of baseline rates. If the
Customer Signature		Date Signed
Mailing Address:	For additional information, please call	: (800) 443-8093
ATTN CARE Southwest Gas Corporation	Hearing Impaired	711
PO Box 1498 Victorville, CA 92393-1498	Apply online at: www.swgas.com	
A ROCCE ANNOTON THE A		
For Company Use Only: Date	Received Date	Processed
Tor Company Ose Omy. Date		5 (175 d 2 17 5 17 17 17 17 17 17 17 17 17 17 17 17 17

Form 913.29 (06/2007) 320 Microsoft Word

dvice Letter No	Issued by John P. Hester Senior Vice President	Date Filed June 26, 2007 Effective Resolution No.

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Cal. P.U.C. Sheet No. <u>6499-G</u> Revised Cal. P.U.C. Sheet No. 6145-G Revised

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

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.

- Provide a copy of the current permit issued by the State Department of Housing Supporting documentation required: and Community Development

Total energy used must be 100% residential.

property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code. 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

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:

- Individually-metered units must be 100% residential use. - Master-metered facilities must be 70% residential use.

APPLICANT'S RESPONSIBILITIES

The applicant is required to:

■ Verify that all households and individuals residing in the facility meet the CARE income Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).

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 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 be retained for three (3) years from the date of initial application and for recertification. 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

Upon request from the utility, provide documentation of the resident's income cligibility from the date of initial application and for recertification.

The applicant may be subject to rebilling for the period they Provide all information requested by the utility. Failure to do so will result in denial or and documentation of how the discount was used for the direct benefit of the residents. were ineligible for the discount as determined by the utility. removal from the program.

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

Apply online at: www.swgas.com

(800) 443-8093 CARE Customer Assistance

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

READ ALL information and instructions before you complete this application. employee housing. The facility MUST meet ALL criteria to qualify for the DETERMINE if the facility meets the definition of qualified agricultural 20% discount from the CARE Program. Instructions

SOUTHWEST GAS CORPORATION

COMPLETE the entire application (please print or type). Complete a separate ATTACH all required documents. (Application is not considered complete application for each qualified facility.

ATTN CARE without documents.) MAIL to:

SOUTHWEST GAS CORPORATION PO BOX 1498 VICTORVILLE CA 92393-1498 Si tiene preguntas, por favor llame a una de las oficinas de su localidad de la lista a

If you have questions, please contact your local office listed below.

continuación.

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 CARE program provides a 20% discount on the monthly utility bill for facilities that meet The discount and eligibility criteria were established by the California the discount after the facility receives and approves the application. program criteria.

Each applicant MUST meet ALL of the following criteria: ELIGIBILITY CRITERIA FOR APPLICANT

■ 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, Applicant must be the utility customer of record.

 Applicant is required to certify CARE cligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents. discount

all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program

Migrant Farmworker Housing Centers, provided pursuant to Section 50710 of the Health ELIGIBLE FACILITIES

Provide a copy of the current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center Supporting documentation required: and Safety Code:

is currently authorized to provide housing. Total energy used:

- Individually-metered units must be 100% residential use. Master-metered facilities must be 70% residential use.

Form 913.36 (06/2007) 320 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

<u>June 26, 2007</u> Date Filed Effective Resolution No.

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	<u>Revised</u>	Cal. P.U.C. Sheet No.	<u>6500-</u>
Canceling	Revised	Cal. P.U.C. Sheet No.	<u>5517-</u>

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



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

		Issued by	
Advice Letter No.	782	John P. Hester	Е
Docicion No		Senior Vice President	R

Date Filed	June 26, 2007
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Revised Cal. P.U.C. Sheet No. 3304-G

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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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Cal. P.U.C. Sheet No. Las Vegas, Nevada 89193-8510 Revised Ca California Gas Tariff Canceling CUSTOMER HISTORY RECORD - COMMERCIAL (FORM 966.1 12/86) CUSTOMER HISTORY RECORD - COMMERCIAL BUSINESS NAME (AS BILLED) CUSTOMER SERVICE HUMBER SENVICE ADDRESS DATES ON OF F RATE REV TYPE/NATURE OF BUSINESS D.B.A. (DOING BUSINESS AS) TELEPHONE NO. BILLING ADDRESS (F DIFFERENT) SOLE OWNER PARTNERSHIP CORPORATION MAME(S) OF PRINCIPAL(S) DANK REFERENCE NAME AND TITLE OF PERSON SIGNING FORM VENDOR OR OTHER REFERENCE DRIVER'S LICENSE NO. SOCIAL SECURITY NO. DEPOSIT NUMBER ____ NUMBER THUOMA AMOUNT BOND COMPANY DATE EFFECTIVE DATE SIGNOU SIGNATURE Form No. \$66.1 (12/86) CUSTOMER SERVICE HUMBER SERVICE ADDRESS DATES BY Or II RATE HEV OZ. REV RATE Ŏ RATE REV 0 ŘÉV RATE HEV RATE REMARKS ___

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Issued by John P. Hester Advice Letter No. 782 Senior Vice President Decision No._____

Form No. 266.0 # 904.1 [18/80] Heverse

Date Filed June 26, 2007 Effective Resolution No.

Canceling

Revised Cal. P.U.C. Sheet No. <u>6501-G</u>
Revised Cal. P.U.C. Sheet No. <u>5581-G</u>

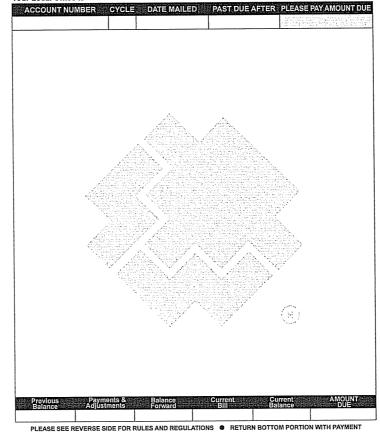
CUSTOMER BILL (FORM 927.0 07/06)

SOUTHWEST GRS CORPORATION

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address: Rate Schedule:

Your Local Office Is



SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER CYCLE	DATE MAILED PAST DUE AFTER	R AMOUNT DUE

SOUTHWEST GAS CORPORATIONPO 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.

Т

Your gas service has been:
☐ Turned off for non-payment.

Turned off due to no application.
Turned off due to no deposit or bond.
Taken out of your name and put into

To have service restored, please contact our local business office. In addition

you will be asked to place a deposit of \$____ and pay a reconnection fee of \$____ plus tax, if

your Landlord's name.

Other

to the past due amount of \$_

By:_____

Date:_____ Time:

☐ 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

Las Vegas, Nevada 89193-8510 California Gas Tariff

check.

applicable.

Canceling

Revised Cal. P.U.C. Sheet No. <u>6502-G</u>
Revised Cal. P.U.C. Sheet No. <u>5582-G</u>

T

TURN-OFF NOTICE (FORM 311.4 11/02)

Cus	tomer Name
Cus	tomer Address
Acc	ount Number
A	ccording 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
pl of	ease contact our local business
ar pl re	service is discontinued, in addition to the mount listed above, you will be asked to ace a deposit of \$ and pay a connection fee of \$ plus tax applicable.
200000	NEADE DO MOTRIALI DAVIMENT
F	PLEASE DO NOT MAIL PAYMENT SEE OTHER SIDE FOR IMPORTANT INFORMATION

Form 311.4 (11/2002) 320 Reverse

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

FOR INFORMATION CALL:

After 5 p.m. or Weekends and Holidays

Form 311.4 (11/2002) 320 Front

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

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 782 John P. Hester
Decision No. Senior Vice President

Date Filed June 26, 2007

Effective Resolution No.

Revised Cal. P.U.C. Sheet No. 6503-G

Canceling

Revised Cal. P.U.C. Sheet No. 5583-G

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



SOUTHWEST GRS CORPORATION

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.

Т

Form 311.14C (12/2005) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

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

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Cance	lina

Revised Cal. P.U.C. Sheet No. 6504-G Revised Cal. P.U.C. Sheet No. 5584-G

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



D

SOUTHWEST GAS CORPORNTION **CALIFORNIA**

The balance forward on your gas bill is past due.

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

T 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 that the part of the plant of 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
- 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

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.

Canceling

Revised Cal. P.U.C. Sheet No. 6505-G

Revised Cal. P.U.C. Sheet No. 5526-G

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



📚 SOUTHWEST GAS CORPORATION **CALIFORNIA**

The balance forward on your gas bill is past due.

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

Mailed payments may be received too late to avoid O turn-off.

> 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 in the top of assistance. if you do not notify us that you need assistance.

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- Pay Stations (call your local Southwest Gas office for the pay station nearest you)
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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

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

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Form 913.10 (04/2006) 320 Side 2

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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

June 26, 2007 Date Filed Effective Resolution No.____

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

CLOSING BILL REMINDER NOTICE (FORM 916.0 12/03)

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

CLOSING BILL REMINDER NOTICE SOUTHWEST GAS CORPORATION

Service Address:

Amount Past Due: 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. RETURN BOTTOM PORTION WITH PAYMENT •

🕵 SOUTHWEST GAS CORPORATION

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

Issued by John P. Hester Advice Letter No._____ Decision No._

Senior Vice President

June 26, 2007 Date Filed Effective Resolution No.

Revised Cal. P.U.C. Sheet No. 5585-G

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

DISCONNECT NOTICE SOUTHWEST GAS CORPORATION

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address: Rate Schedule:

Your Local Office Is

SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER	CYCLE DATE MAILED	PAST DUE AFTER	AMOUNT DUE
			ger haarda, da en yts

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

June 26, 2007 Date Filed Effective_ Resolution No._

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)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address: Rate Schedule:

Your Local Office Is (R)

SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GRS 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._____ Decision No._

Issued by John P. Hester Senior Vice President

June 26, 2007 Date Filed_ Effective Resolution No.

Т

Advice Letter No. 782

Decision No._____

Las Vegas, Nevada 89193-8510 California Gas Tariff

Revised Cal. P.U.C. Sheet No. 6509-G
Cal. P.U.C. Sheet No. 5530-G Canceling

Effective______Resolution No._____

NOTICE OF HAZADDOUS CONDITIONS

This p	R PORATION ARDOUS CONDITIONS Contice is given for your protec	ON CUSTOMER'S PREMI	SES No.
ddress		Apt. or Space No.	City
as appliances of the address st	hown shove were inspected by it a	minwest das set vice reciniteiai	City 1. Each appliance that has a hazardous application(s) identified below
	elow. On the reverse side of thi		
Appliance No.	Appliance No		Appliance No Condition(s) Found
Condition(s) Found	Condition(s) Found	Condition(s) Found	1 . "
A	- A	A	
B		C	C
C D		D	D
D		E	E
	Found	Found On Off Appliance Left Off	
Found ☐ On ☐ Off	On Off		On Off
Appliance Left Off	Appliance Left Off	Appliance Left Off	Appliance Left Off
☐ When problem is correcte	ed, call your local Southwest Ga	s office for gas service to be rei	instated.
	ed, call your local Southwest Ga		
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John P. Hester Senior Vice President

Canceling

Revised Cal. P.U.C. Sheet No. 6510-G Revised Cal. P.U.C. Sheet No. 5531-G

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



		r 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.
		r Service Technician stopped by today on a seduled visit to:
		Turn on your gas. Answer your request for service. Make arrangements for required periodic maintenance on your gas meter.
	Oth	ner
Ву		
Da	te: _	Time:
		Please contact our office.
sei	vice	sorry we were not able to complete your request for as scheduled. Please call our office to reschedule your 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



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

June 26, 2007 Date Filed Effective Resolution No._

Т

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.



Form 510.4 (04/2005) 510

		Issued by	Date Filed June 26, 2007	
Advice Letter No	782	John P. Hester	Effective	
		Senior Vice President	Resolution No.	
Decision No.		Ocilioi vido i rodidoni	. 10001.01.01.01.01	

Original Cal. P.U.C. Sheet No. 6512-G

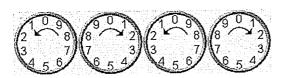
Cal. P.U.C. Sheet No.

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

Date			Time	
Your	Read Is	3		

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:

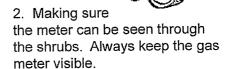
Between 8 a.m. - 5 p.m.



Form 510.8 (02/2002) 002 Side 1

YOU CAN HELP ENSURE CORRECT **METER READINGS BY:**

1. Making a key available.





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

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

Original Cal. P.U.C. Sheet No. 6513-G Cal. P.U.C. Sheet No. _

Canceling

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.



Form 510.9 (07/2001) 120-650

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No.___ Decision No.

Issued by John P. Hester Senior Vice President

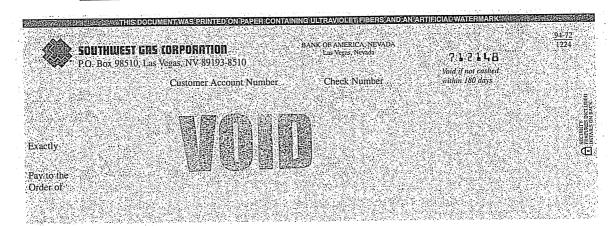
June 26, 2007 Date Filed Effective Resolution No.

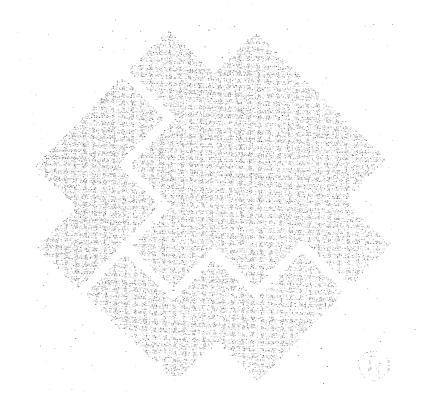
California Gas Tariff

Canceling

Revised Cal. P.U.C. Sheet No. <u>6514-G</u>
Revised Cal. P.U.C. Sheet No. <u>5533-G</u>

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







Form 917.0 (11/2003) 320

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

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

T

Revised Cal. P.U.C. Sheet No. 6515-G

Canceling Revised Cal. P.U.C. Sheet No. 6472-G

(Sheet 10 of 12)

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130.6	General Requirements Addendum to Contract for Extension of Gas Line (06/2006)	6491-G	Т
130.7	Service Agreement – California (11/1992)	3957-G	T
130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	5791-G*	Т
334.0	Gas Contract for Installation of Gas Service Facilities–Ingress/Egress Permit (12/2003)	6492-G	T
336.0	Agreement for Transfer of Ownership of Distribution Systems (08/1998)	5512-G	T
337.0	Excess Flow Valve Customer Notification For New and Replacement Service Lines (08/2006)	6493-G	Т
402.0	Non-Interest Bearing Sales Contract (05/1997)	5514-G	T
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880.0	Imbalance Trading Request (05/1994)	4173-G	T
881.0	Utility Authorization for Core Aggregation Transportation Service (07/2004)	6495-G	Т
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913.28	Application for Additional Baseline Allowance for Qualified Medical Conditions (06/2007)	6497-G	T
913.29	Customer Declaration of Eligibility for Baseline Rates (06/2007)	6498-G	T
913.30	Notice and Application for California Alternate Rates for Energy (CARE) Program (05/2007)	6311-G	
	Issued by Date Filed	June 26, 2007	

	Issued by	Date Filed Julie 20, 2001
Advice Letter No. 782	John P. Hester	Effective
Decision No.	Senior Vice President	Resolution No

SOUTHWEST GAS CORPORATION P.O. Box 98510

Las Vegas, Nevada 89193-8510 California Gas Tariff Revised Cal. P.U.C. Sheet No. 6516-G

Revised Cal. P.U.C. Sheet No. 6147-G

Canceling Revised Cal. P.U.C. Sheet No. 6147-C

(Sheet 11 of 12)

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TABLE OF CONTENTS (Continued)

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925.0	Remittance Return (07/1999)	5519-G
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Advice Letter No	782
Decision No	

Issued by John P. Hester Senior Vice President Date Filed June 26, 2007

Effective Resolution No.

California Gas Tariff

Revised Cal. P.U.C. Sheet No. 6517-G
Canceling Revised Cal. P.U.C. Sheet No. 5893-G

(Sheet 12 of 12)

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311.14C	Past Due Bill Notice Door Tag (12/2005)	6503-G	Т
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313.1	Notice to Landlords (05/1990)	3449-G	T
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916.0	Closing Bill Reminder Notice (12/2003)	6506-G	Т
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510.8	How to Read Your Meter Door Tag (02/2002)	6512-G	N
510.9	Temporary Interruption Door Tag (07/2001)	6513-G	N
910.0	Parts and Material Sales Order (12/1999)	5532-G	Т
914.5	Third Party Notification (09/1992)	3993-G	T
	DEPOSIT RECEIPTS		
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955.0	Customer Receipt (08/1997)	5534-G	Т

Advice Letter No. 782 John P. Hester Effective Effective Resolution No. Senior Vice President Resolution No.

	Revised	Cal. P.U.C.	Sheet No.	6518-G
Canceling				

(Sheet 1 of 12)

T T T

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The following listed sheets contain all the effective rates and rules affecting rates and service and information relating thereto in effect on and after the date indicated thereon.

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Advice Letter No. 782 John P. Hester Effective Senior Vice President Resolution No. Senior Vice President Resolution No.

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	issued by	Date Filed Out to 20, 2007
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SOUTHWEST GAS CORPORATION P.O. Box 98510

Las Vegas, Nevada 89193-8510 California — South Lake Tahoe Tariff First Revised Cal. P.U.C. Sheet No. 6
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Date Filed June 26, 2007

Effective Resolution No.

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GENERAL REQUIREMENTS ADDENDUM TO CONTRACT FOR EXTENSION OF GAS LINE (FORM 130.6 06/2006)

Canceling

SOUTHWEST GAS CORPORATION

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

GENERAL

- 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.
- 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.

T

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

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

			Sheet No.		
<u>Driginal</u>	Cal.	P.U.C.	Sheet No.	191	

EXCESS FLOW VALVE CUSTOMER NOTIFICATION FOR NEW AND REPLACEMENT SERVICE LINES (FORM 337.0 08/2006)

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

Canceling

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 <u>not</u> protect against customer appliance gas leaks, small service line punctures or gas meter leaks. An EFV will <u>not</u> protect against earthquakes or flooding.

CUSTOMER RESPONSIBILITIES

Form 337.0 (08/2006) 581 - Microsoft Word

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(Property Owner)	Date Signed
Southwest Gas Corporation Engineering Dep RETURNED TO SOUTHWEST GAS WITH	re information on excess flow valves, please call your local artment. IF THIS FORM 337.0 IS NOT COMPLETED AND IN TEN (10) BUSINESS DAYS OF THIS NOTIFICATION, THE EFV, THE CUSTOMER WILL BE DEEMED TO HAVE EFV.
Distribution: White - Se	outhwest Gas Corporation Canary - Customer

		Issued by	Date Filed	<u>June 26, 2007</u>	
Advice Letter No	782	John P. Hester	Effective		
Decision No		Senior Vice President	Resolution No		_ T

Original	Cal.	P.U.C.	Sheet No.	192A
	Cal	PHC	Sheet No	

luna 26 2007

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):

CUSTOMER TRENCH REQUIREMENTS (FORM 415.0 06/03)

1. Trenches and pipe depths depicted in the diagrams on the reverse page are specified from FINAL grade.

Canceling

- 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

	issued by	Date Filed	Julie 20, 2001
Advice Letter No. 782	John P. Hester	Effective	
Decision No	Senior Vice President	Resolution No	

First Revised Cal. P.U.C. Sheet No. 196
Original Cal. P.U.C. Sheet No. 196

California — South Lake Tahoe Tariff Canceling

CERTIFICATION OF HEALTH/DISABILITY CONDITION (FORM 913.9 12/2005)



SOUTHWEST GAS CORPORATION

patient will not	below. The information provided shall the wrongfully terminated. This form mucall the SWG office in your area (see dis.	ust be completed and returned	G to help ensure that the	e gas service for th
	of Record		· Date of Rirth	
-				
	Por favor, llame a su oficina local d	e Southwest Gas para obter	ner una versión en esp	añol.
Please Print				
This is to certi	fy that Patient's Last Name	First Name	λ2	I Date of Birth
	r of record or a permanent resident at			
		Service Address		
		on	Month and Day	,
ermination of	gas service would be especially dange			
isability condi		croas to the above-named in	ii viddai booddoo or a iic	
	of illness or disability condition			
Is condition n	ermanent? Yes No	If no, expected recovery dat	e	
-				
Additional co	mments			
	C I. I			
Name and title o	f attending physician, public health nurse, or	r sociai worker (piease print)		
Cinvature of nin	ti balkana a social washes			
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	sician, public health nurse, or social worker		Title	
Name of medica	sician, public neatin nurse, or social worker I or other facility where service is rendered (p		Title	
Name of medica			Title	
Date Signed		olease print) Telephone Num	ber	
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	IF ACTUAL COPY OF	FORM IS REQUIRED, PLEAS	SE NOTIFY COMP	ANY.	
Advice Letter No.	782	Issued by John P. Hester	Date Filed Effective	June 26, 2007	_
Decision No		Senior Vice President	Resolution No		

California — South Lake Tahoe Tariff

First Revised	Cal.	P.U.C.	Sheet	No.	197
Original	Cal.	P.U.C.	Sheet	No.	197

Canceling

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 ZIP Code Mailing Address (if different from service address) Street or P.O. Box 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 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 Letter Of Certification—By physician, surgeon or osteopath licensed to practice medicine in the state of 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 **Business Address** Registration No. Date Signed Physician Signature

Form 913.28 (06/2007) 320 - Microsoft Word

For Company Use Only: Date Received

Southwest Gas Corporation

Victorville, CA 92393-1498

Mailing Address:

ATTN CARE

PO Box 1498

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

For additional information, please call:

Apply online at: www.swgas.com

Customer Assistance.....(800) 443-8093

Hearing Impaired711

Date Processed

Т

Issued by Date Filed Advice Letter No. 782 John P. Hester Effective_Decision No. Senior Vice President Resolution	
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First Revised				
Original	Cal.	P.U.C.	Sheet No.	198

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



SOUTHWEST GAS CORPORATIONCUSTOMER DECLARATION OF ELIGIBILITY FOR BASELINE RATES (California)

Canceling

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 Nur	nber			
has requested Southwest	Gas Corporation (the Com	npany) to provide gas service to the	customer's premises loc	ated at:		
Service Address						
	Street	City	State	ZIP Code		
Mailing Address (if different from service address)	Street or P.O. Box	City	State	ZIP Code		
19 100-1-19		·				
Please state the number of	of:					
1 loade state the number						
a. occupied dwelling un	its, apartments, or mobile l	nome spaces with current natural ga	s service			
b. occupied units listed	above that are submetered					
the information furnishe Customer agrees to notifutilizing gas service with	ed in this declaration. Ref fy the Company of any chan nin 15 days following such	access to the described premises at efusal of access shall be reason fo ange in the number of residential dy change. Failure to do so may resul o receive baseline rates, an appropri	r disqualification of ba velling units or mobile t in the loss of baseline	home spaces rates. If the		
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

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Advice Letter No Decision No	782	Issued by John P. Hester Senior Vice President	Date Filed Effective Resolution No	June 26, 2007	_ T
Decision No		Sellioi vice Flesidelit	Nesolution No		'

South Lake Tahoe Tariff

California

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Canceling	

Second Revised Cal. P.U.C. Sheet No. _ First Revised Cal. P.U.C. Sheet No.

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

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.

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

- Provide a copy of the current permit issued by the State Department of Housing Supporting documentation required:

 Total energy used must be 100% residential. and Community Development

property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code. 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

- Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax Supporting documentation required:

exemption form, and current copy of local property tax exemption form. Total energy used:

SOUTHWEST GAS CORPORATION PO BOX 1498

ATTN CARE

VICTORVILLE CA 92393-1498

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)

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 Verify that all households and individuals residing in the facility meet the CARE income

■ 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

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 be retained for three (3) years from the date of initial application and for recertification. returns, payroll stubs, or similar records acceptable to the utility. These records must

Upon request from the utility, provide documentation of the resident's income eligibility from the date of initial application and for recertification.

 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 and documentation of how the discount was used for the direct benefit of the residents. were incligible for the discount as determined by the utility.

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

discount.

For additional information contact the Southwest Gas office nearest you, Monday through

CARE Customer Assistance (800) 4	(800) 4
Hearing Impaired	

Provide a copy of the current contract with the office of Migrant Services, Department

Supporting documentation required:

and Safety Code:

of Housing and Community Development. (This documentation states the center

is currently authorized to provide housing.

Total energy

 Individually-metered units must be 100% residential use. Master-metered facilities must be 70% residential use.

orm 913.36 (06/2007) 320 Front Microsoft Word

Migrant Farmworker Housing Centers, provided pursuant to Section 50710 of the Health

ELIGIBLE FACILITIES

Friday, 8 a.m. to 5 p.m.:

Apply online at: www.swgas.com

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, Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive Applicant must verify that 100% of the residents/households of Employee Housing or all nonprofit Migrant Farmworker Housing Centers are deemed eligible for the CARE program The CARE program provides a 20% discount on the monthly utility bill for facilities that meet Si tiene preguntas, por favor llame a una de las oficinas de su localidad de la lista a COMPLETE the entire application (please print or type). Complete a separate employee housing. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program. ATTACH all required documents. (Application is not considered complete program criteria. The discount and eligibility criteria were established by the California DETERMINE if the facility meets the definition of qualified agricultural If you have questions, please contact your local office listed below. the discount after the facility receives and approves the application. Each applicant MUST meet ALL of the following criteria: Applicant must be the utility customer of record. ELIGIBILITY CRITERIA FOR APPLICANT application for each qualified facility. without documents.) MAIL to: continuación. DISCOUNT 5. 4, ë

Į	IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY.
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Advice Letter No.	782
Decision No	

READ ALL information and instructions before you complete this application.

Instructions

SOUTHWEST GAS CORPORATION

Issued by John P. Hester Senior Vice President Date Filed_____June 26, 2007 Effective Resolution No.

p.,	Tahoe Tariff	Canceling			Cal. P.U.	
<u>DEFE</u>	RRED PAYN	IENI AGE	KEEME	NI (FORM	966.4 09/19	<u>98)</u>
	AS CORPORATION D PAYMENT		MENT	☐ Ga	as Bill	oosit 🗌 Bon
Customer Name					_ Account No	
Service Address			- the state of the		_ Phone No	
Payment(s) Due or	Date(s) Below	Paymen	t(s) Due V	Vithin 10 Days	From the Regula	ar Mailing Date
I agree to pay the DEF	ERRED PAYME	NT AMOUN	Γ of \$		in the follo	wing installment
Amount 1	Due Date	•••			Due Date	55
2						
3		•	6 _			
I agree to pay my regular fail to meet these term DEFERRED PAYMENT to restoring service. I pay my bill.	ns, I understand NT AMOUNT in have been furnish	that my gas addition to a ned with a lis	service w reconnect t of agenc	ill be disconting tion fee and a so ies that may pro	nued. In that ever ecurity deposit wi	nt, the total unpa Il be required pr
	ENT WITH PAY LOCAL OFFIC		Custome	r Signature		Date Signed
Form 966.4 (09/1998) 002 W	'ord		Southwe	st Gas Corporation	a Approval and Teleph	one Number

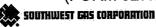
		Issued by	Date Filed	June 26, 2007
Advice Letter No.	782	John P. Hester	Effective	
Decision No.		Senior Vice President	Resolution No	

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

Canceling _

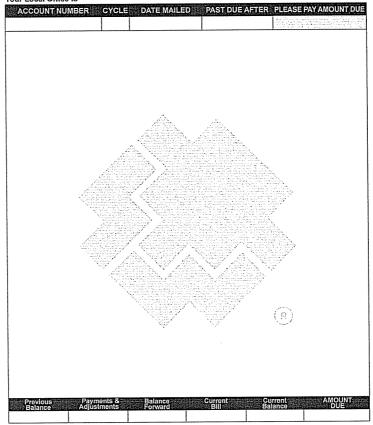
CUSTOMER BILL (FORM 927.0 07/2006)

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS



Service Address: Rate Schedule:

Your Local Office Is



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



ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE

SOUTHWEST GRS CORPORATIONPO 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. 782

Issued by John P. Hester Senior Vice President Date Filed June 26, 2007

Effective Resolution No.

Canceling _

First Revised Cal. P.U.C. Sheet No. 209
Original Cal. P.U.C. Sheet No. 209

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 <i>toll-free</i> (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

According to our records:

Ц	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.
	l Other
To	o avoid discontinuance of service,
рl	lease contact our office no later than
	-
lf	service is discontinued, in addition to

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

the amount listed above, a deposit of \$ and a reconnection fee of

will be required.

PLEASE DO NOT MAIL PAYMENT

Thank you.

Form 311.14C (12/2005) 320 Reverse

SOUTHWEST GRS CORPORATION

Form 311.14C (12/2005) 320 Front

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

	Issued by	Date Filed	June 26, 2007
Advice Letter No. 782	John P. Hester	Effective	
Decision No	Senior Vice President	Resolution No	
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California — South Lake Tahoe Tariff

Canceling

First Revised Cal. P.U.C. Sheet No. 212 Original Cal. P.U.C. Sheet No. 212

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

SOUTHWEST GAS CORPORATION CALIFORNIA

The balance forward on your gas bill is past due.

Т

O Your gas service will
O be turned off unless
N southwest Gas by the
N "Due on or before"
E 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

<u>BILLS</u>- 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

<u>Nevada County:</u> 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		T

Canceling

First Revised Cal. P.U.C. Sheet No. 213 Original Cal. P.U.C. Sheet No. 213

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



The balance forward on your gas bill is past due.

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

Mailed payments may be received too late to avoid turn-off.

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

<u>DISPUTED BILLS</u>-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:

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- a deposit equal to two times the estimated highest monthly bill;
- a non-refundable reestablishment charge.

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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		-

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Canceling

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

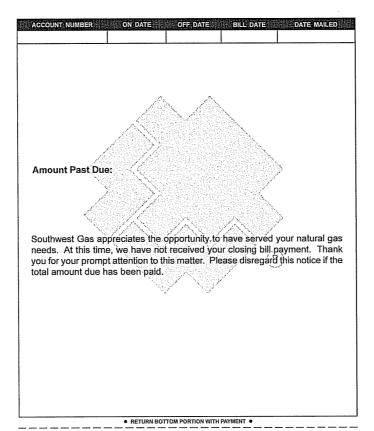
Original Cal. P.U.C. Sheet No. 214

CLOSING BILL REMINDER NOTICE (FORM 916.0 12/2003)

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

CLOSING BILL REMINDER NOTICE SOUTHWEST GAS CORPORATION

Service Address:



SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER

CLOSING BILL REMINDER NOTICE

ON DATE	OFF DATE	BILL DATE	DUE DATE	AMOUNT PAST DUE

SOUTHWEST GAS CORPORATION 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.

Issued by John P. Hester Advice Letter No. 782 Senior Vice President Decision No.

June 26, 2007 Date Filed Effective Resolution No.

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

Canceling

CUSTOMER BILL — DISCONNECT NOTICE

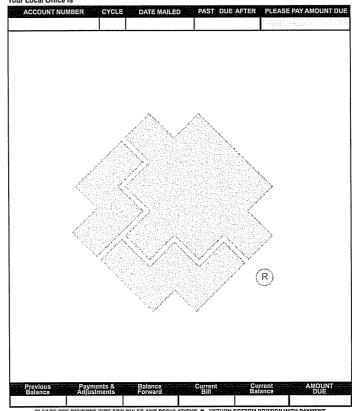
(FORM 927.10 07/2006)

DISCONNECT NOTICE
SOUTHWEST GAS CORPORATION

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address: Rate Schedule:

Your Local Office Is



SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER CYCLE DATE MAILED PAST DUE AFTER AMOUNT DUE

SOUTHWEST GRS 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.

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California — South Lake Tahoe Tariff

Canceling

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

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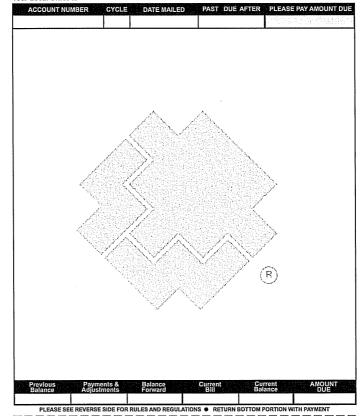
CUSTOMER BILL — FINAL NOTICE (FORM 927.11 07/2006)



PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

Service Address: Rate Schedule:

Your Local Office Is



SOUTHWEST GAS CORPORATION

ACCOUNT NUMBER CYC	CLE DATE MAILED PAST DI	JE 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.

California — South Lake Tahoe Tariff

Canceling

First Revised Cal. P.U.C. Sheet No. 218 Original Cal. P.U.C. Sheet No. 218

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

SORRE



		135	
	Υοι	ur GAS service has be	en turned OFF due to:
		Repairs on Company Unusual usage. Gas leak on your pip Report of natural gas was home.	
		r Service Technician s neduled visit to:	topped by today on a
			for required periodic
	Oth	ner	
Ву	:		
Da	te:		Time:
	_	Please contac	
	e		
ser ord	vice Ier c	e as scheduled. Please ca or restore your service.	e to complete your request for all our office to reschedule you We value you as a custome ofly and efficiently as possible
	Ве	tween 8 a.m 5 p.m.	After 5 p.m. or Weekends and Holidays
		SOUTHWEST G	as corporation



Form 311.10 (06/2006) 511 Front

Advice Letter No. 782	Issued by John P. Hester Senior Vice President	Effective	<u>e 26, 2007</u>
Decision No	Senior Vice President	Resolution No	

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

Canceling

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.



Form 510.4 (04/2005) 510

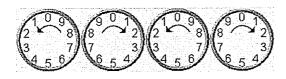
	Issued by	Date Filed	June 26, 2007
Advice Letter No. 782	John P. Hester	Effective	
Decision No	Senior Vice President	Resolution No	

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:

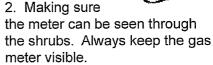
Between 8 a.m. - 5 p.m.

SOUTHWEST GAS CORPORATION

Form 510.8 (02/2002) 002 Side 1

YOU CAN HELP ENSURE CORRECT **METER READINGS BY:**

1. Making a key available.





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.

Issued by Advice Letter No. 782 John P. Hester Senior Vice President Decision No.

Date Filed June 26, 2007 Effective____ Resolution No.____

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

Canceling

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.

Comple	tion Date
(J

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.



Form 510.9 (07/2001) 120-650

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

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

EWE WEST BEI	OMPLEEDDDE YAUNELDAY (AY	tach additional pagesias needed)				
Company name/CPUC Utility No. Southwest Gas Corporation (U 905 G)						
Utility type:	Contact Person:	Contact Person: Roger C. Montgomery				
□ ELC É/GAS	Phone #: (702)87	Phone #: (702)876-7321				
□ PLC □ HEAT □ WA	TER E-mail: roger.mo	E-mail: <u>roger.montgomery@swgas.com</u>				
EXPLANATION OF UTILITY TYPE (Date Filed/ Received Stamp by CPUC)						
ELC = Electric GAS = G	as	, <u>.</u> 5, 52 5,				
PLC = Pipeline HEAT =	Heat WATER = Water					
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 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						
Resolution Required? Yes		rithdrawn or rejected AL¹: Not applicable				
· · · · · · · · · · · · · · · · · · ·		No of touist abouts, 20 in OA Can Manist				
equested effective date: July 26, 2007 No. of tariff sheets: 32 in CA Gas Tari						
Estimated system annual rev	venue effect: (%): Not ann i	and 21 in CA South Lake Tahoe Tariff				
Estimated system average ra						
-						
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	Ī	tility Info (including e-mail)				
Attention: Tariff Unit 505 Van Ness Ave.,		Mr. John P. Hester, Senior Vice-President				
San Francisco, CA 94102		Reg. Affairs & Energy Resources				
jjr@cpuc.ca.gov and jnj@cr	uc.ca.gov	Southwest Gas Corporation				
		P. O. Box 98510				
<u>.</u>		Las Vegas, NV 89193-8510 Facsimile: 702-876-7037				
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 $^{^{\}rm 1}$ Discuss in AL if more space is needed.