

STATE

JUN - 8 2008

GULF AFFAIRS  SOUTHWEST GAS CORPORATION

PLEASE STAMP AND RETURN IN  
THE ENCLOSED SELF-  
ADDRESSED ENVELOPE  
ENERGY DIVISION

08 JUN -2 PM 3:48

Roger C. Montgomery, Vice President/Pricing

May 30, 2008

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 799-A

Dear Mr. Gallagher:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 799-A, together with: 1) California Gas Tariff Sheets Nos. 6645-G-A through 6647-G-A; and 2) California - South Lake Tahoe Gas Tariff Sheets No. 199A.

Sincerely,



Roger C. Montgomery

RCM:tl  
Enclosures



# SOUTHWEST GAS CORPORATION

Advice Letter No. 799-A

May 30, 2008

## 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.
6645-G-A	CARE Program Application For Tenants of Submetered Residential Facilities (Form 902.16 05/2008)	6537-G
6646-G-A	Table of Contents ( <i>Continued</i> )	6539-G
6647-G-A	Table of Contents ( <i>Continued</i> )	6637-G

### California – South Lake Tahoe Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
First Revised Sheet No. 199A	CARE Program Application For Tenants of Submetered Residential Facilities (Form 902.16 05/2008)	Original Sheet No. 199A

### Purpose

The purpose of this filing is to submit the above listed tariff sheets to supplement Advice Letter No. 799, originally filed on May 13, 2008. Advice Letter No. 799 was filed in compliance with Commission Resolution E-3524 and the April 22, 2008 notice from the Energy Division. The notice directs all energy utilities to revise their respective tariffs to reflect the Commission's annual adjustment of income criteria for CARE Program eligibility.



Advice Letter No. 799-A  
Page 2  
May 30, 2008

Subsequent to filing Advice Letter No. 799, Southwest discovered that the CARE Program Application for Tenants of Submetered Residential Facilities (Form 902.16) was inadvertently left out of the original filing.

### **Effective Date**

Southwest respectfully requests that the tariff sheets submitted herewith be made effective June 1, 2008, pursuant to Resolution E-3524 and the April 22, 2008 notice.

### **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 protest. Protests should be mailed or faxed 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 or 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**

Pursuant to Resolution E-4111, Southwest is exempt from the noticing requirements set forth in General Rule 4.2 in General Order 96-B since this advice letter is filed in accordance with previously authorized procedures to implement monthly or weekly revisions to commodity or other rates. As noted above, Southwest was authorized in Advice Letter No. 626 to make its monthly gas cost adjustment effective between the first and seventh calendar day of each month.



Advice Letter No. 799-A  
Page 3  
May 30, 2008

**Service**

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,

SOUTHWEST GAS CORPORATION

By *Roger C. Montgomery*  
Roger C. Montgomery

Attachments

DISTRIBUTION LIST

Advice Letter No. 799-A

In Conformance with G.O. 96-B, General Rule 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

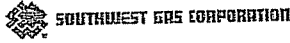
Southern California Water Company

R. Thomas Beach

Duane Morris, LLP

Director/Division of Ratepayer Advocates

## CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 05/2008)



### CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES

Get a discount on your gas bill!  
CARE provides a 20% discount on your monthly gas bill for income-qualified customers.  
Review the chart below, and if you think you may qualify, complete and return entire application.

CARE Program Income Requirements					
Maximum Household Income: (effective June 1, 2008 through May 31, 2009)					
Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$30,500	\$35,300	\$43,200	\$50,600	\$58,000
<i>For each additional person, add \$7,400.</i>					

### Entire application must be completed and returned.

I understand the definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home.

- Please check (✓) ALL sources of your income.
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Wages or salaries  | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses      | <input type="checkbox"/> Workers' compensation  | <input type="checkbox"/> Food stamps     |
| <input type="checkbox"/> Interest or dividends from savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support   |
| <input type="checkbox"/> Unemployment benefits  | <input type="checkbox"/> Disability payments  | <input type="checkbox"/> Pensions               | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income   |   | <input type="checkbox"/> Insurance settlements  | <input type="checkbox"/> Gifts           |
|   |   | <input type="checkbox"/> Legal settlements      | <input type="checkbox"/> Other Income    |
|   |   | <input type="checkbox"/> TANF (AFDC)            |  |

Total combined annual household income: \$  ,

Number of persons living in my household:  Adults +  Children =  Total

See Maximum Household Income listed above.

*Qualification for the CARE Program is based on your household income and household size.*

PLEASE PRINT CLEARLY

**TENANT INFORMATION**

Your name:  Contact phone number:

Your home address (include apartment or space number):

City:  State:  ZIP Code:

Mailing address (if different from home address):  City:  State:  ZIP Code:

**FACILITY LANDLORD OR MANAGER INFORMATION**

Facility name:

Southwest Gas facility account number (if available):  -  -  Contact phone number:

Facility address:

City:  State:  ZIP Code:

I certify that I have read all information on both sides of this application and that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas and my landlord or manager if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

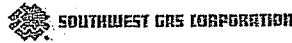
Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Source Code (Southwest Gas Use Only) **S W G C - 7 5 0 0**

Form 902.16 (05/2008) 320 Front  
Seal with tape to form postage-paid reply envelope. Do not use staples.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

### CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 05/2008)



Get a discount on your gas bill!  
CARE provides a 20% discount on your monthly gas bill for income-qualified customers.  
Review the chart below, and if you think you may qualify, complete and return entire application.

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income - (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
	For each additional person, add \$7,400.				



I understand the definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home.

Please check (✓) ALL sources of your income.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Wages or salaries   | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses      | <input type="checkbox"/> Workers' compensation  | <input type="checkbox"/> Food stamps     |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support   |
| <input type="checkbox"/> Unemployment benefits   | <input type="checkbox"/> Disability payments  | <input type="checkbox"/> Pensions               | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income  |   | <input type="checkbox"/> Insurance settlements  | <input type="checkbox"/> Gifts           |
|  |   | <input type="checkbox"/> Legal settlements      | <input type="checkbox"/> Other income    |
|  |   | <input type="checkbox"/> TANF (AFDC)            |  |

Total combined annual household income: \$

Number of persons living in my household:  Adults +  Children =  Total

See Maximum Household Income listed above.

Qualification for the CARE Program is based on your household income and household size.

PLEASE PRINT CLEARLY

TENANT INFORMATION

Your name

Your home address (include apartment or space number)

City State ZIP Code

Mailing address (if different from home address) City State ZIP Code

FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

-  -   
Southwest Gas facility account number (if available)

Facility address

City State ZIP Code

I certify that I have read all information on both sides of this application and that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas and my landlord or manager if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Source Code (Southwest Gas Use Only) **S|W|G|C** - **7|5|0|0**

Form 902.16 (05/2008) 320 Front  
Seal with tape in form postage-paid reply envelope. Do not use staples.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

STATE

JUN - 3 2008

REGISTRY AS **SOUTHWEST GAS CORPORATION**

PLEASE STAMP AND RETURN IN  
THE ENCLOSED SELF-  
ADDRESSED ENVELOPE  
ENERG

08 JUN -

May 30, 2008

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

RE: Southwest Gas Corporation (U 905 G)  
Correction to Fifth Revised Sheet No. 5\*

Dear Mr. Gallagher:

Enclosed are an original and five (5) copies of substitute California P.U.C. Fifth Revised Sheet No. 5\*, which was submitted in Advice Letter No. 799, dated May 13, 2008. Advice Letter No. 799 was filed in compliance with Commission Resolution E-3524 and the April 22, 2008 notice from the Energy Division. The notice directs all energy utilities to revise their respective tariffs to reflect the Commission's annual adjustment of income criteria for CARE program eligibility.

The purpose of this transmittal is to revise Sheet No. 5\* to conform with the proposed changes submitted in supplemental Advice Letter No. 799-A.

The substitute sheet is denoted by an asterisk (\*). Five copies of the substitute sheet are included for your convenience. One additional copy is enclosed for date-stamp and return in the stamped, self-addressed envelope provided.

Southwest appreciates your assistance in this matter.

Respectfully,

*Debra S. Gallo* By *df*

Debra S. Gallo  
Director, Government and State Regulatory Affairs

Enclosures



TABLE OF CONTENTS*(Continued)*

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>CAL. P.U.C. SHEET NO.</u>
130.0	Gas Main Extension Agreement (01/2005)	185
130.6	General Requirements Addendum to Contract for Extension of Gas Line (06/2006)	186
130.7	Service Agreement – California (06/1999)	187
130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	188
334.0	Gas Contract for Installation of Gas Service Facilities – Ingress/Egress Permit (12/2003)	189
336.0	Agreement for Transfer of Ownership of Distribution Systems (08/1998)	190
337.0	Excess Flow Valve Customer Notification For New and Replacement Service Lines (08/2006)	191
402.0	Non-Interest Bearing Sales Contract (05/1997)	192
415.0	Customer Trench Requirements (06/2003)	192A
835.0	Nondisclosure Agreement (07/1997)	193
880.0	Imbalance Trading Request (05/1994)	194
881.0	Utility Authorization for Core Aggregation Transportation Service (07/2004)	195
913.9	Certification of Health/Disability Condition (12/2005)	196
913.28	Application for Additional Baseline Allowance for Qualified Medical Conditions (06/2007)	197
913.29	Customer Declaration of Eligibility for Baseline Rates (06/2007)	198
902.6	Application for California Alternate Rates for Energy (CARE) Program (05/2008)	199
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (05/2008)	199A
913.31	Application for Qualified Group Living Facilities for California Alternate Rates for Energy (CARE) Programs (01/2002)	200
913.36	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (06/2007)	201

Advice Letter No. 799  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed May 29, 2008  
Effective June 1, 2008  
Resolution No. E-3524

T  
T  
T  
T

# CALIFORNIA PUBLIC UTILITIES COMMISSION

## ADVICE LETTER FILING SUMMARY ENERGY UTILITY

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

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

Utility type:

ELC      X GAS

PLC       HEAT     WATER

Contact Person: **Roger C. Montgomery**

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

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

### EXPLANATION OF UTILITY TYPE

ELC = Electric      GAS = Gas  
PLC = Pipeline      HEAT = Heat    WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **799-A Supplement**

Subject of AL: **Annual adjustment of income criteria for CARE Program eligibility.**

Keywords (choose from CPUC listing): **CARE/Compliance Filing.**

AL filing type:  Monthly  Quarterly X Annual  One-Time  Other \_\_\_\_\_

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:  
**Resolution E-3524/April 22, 2008 Energy Division Notice**

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

Summarize differences between the AL and the prior withdrawn or rejected AL<sup>1</sup>: **Not applicable**

Resolution Required?  Yes X No

Requested effective date: **June 1, 2008**

No. of tariff sheets: **3 in CA Gas Tariff;  
and 1 in CA South Lake Tahoe Tariff**

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

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

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

Tariff schedules affected: \_\_\_\_\_

Service affected and changes proposed<sup>1</sup>: **See 'Subject of AL' above**

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

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

**CPUC, Energy Division  
Attention: Tariff Unit  
505 Van Ness Ave.,  
San Francisco, CA 94102  
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov**

**Utility Info (including e-mail)  
Mr. John P. Hester, Sr. Vice-Pres.  
Reg. Affairs & Energy Resources  
Southwest Gas Corporation  
P. O. Box 98510  
Las Vegas, NV 89193-8510  
john.hester@swgas.com  
Facsimile: 702-876-7037**

<sup>1</sup> Discuss in AL if more space is needed.

<b>CALIFORNIA ADVICE LETTER DISTRIBUTION</b>
--

Advice Letter No. 799-ADate Mailed 5/30/08

<b>Las Vegas</b>
------------------

J. Hester/ W. Moody	LVB-227
M. Anderson	LVB-521
C. Berger	LVB-521
J. Carillo	LVC-420
J. Cattanach	LVB-185
R. Centrella	LVC-270
R. Clayton	LVA-300
L. Colvin	LVC-420
B. Congdon	LVB-100
T. Day	LVB-100
B. DeLong	LVB-100
E. Giesecking	LVB-100
L. Harris	LVB-370
L. Hoffman	LVC-435
D. Gallo	LVB-105
E. Janov	LVB-283
B. Johnson	LVA-120
R. Jordan	LVB-185
J. Kane	LVB-230
R. Kantor	LVC-435
M. Kirk	LVC-420
K. Layton	LVA-110
T. Lopez	LVB-105
R. Mashas	LVB-180
R. Montgomery	LVB-101
V. Ontiveroz	LVB-105
J. J. Prucnal	LVB-105
R. Gabe	LVB-106
L. Rich	LVB-420
P. Ruckel	LVB-105
R. Sable	LVB-105
T. Sheets	LVB-241
J. Stein	LVB-106
A. Timperley	LVB-180
E. Trombley	LVB-106
L. Wamble	LVC-420
R. Whidden	LVB-100
D. Zalewski	LVC-420
R. Zier	LVB-106
L. Duarte (Log Copy)	LVB-105

<b>Victorville (So. Cal.)</b>
-------------------------------

P. Hamer	12O-295
IGE/Sales (So. Cal. <u>Rate</u> Filing only)	12O-170
J. Rowell	12A-002

<b>Carson City (No. Cal.)</b>
-------------------------------

C. Christian	24A-002
J. Maples	24A-295

<b>Truckee (No. Cal.)</b>
---------------------------

Truckee	15A-003
Sales	15A-003

<b>Bullhead* (So. Cal.)</b>
-----------------------------

F. Hart	34A-002
---------	---------

\* Needles reports to Bullhead

(For posting at offices -  
use POSTING COPY stamp)

California Public Utilities Commission  
Energy Division  
Attention: Jerry Royer  
505 Van Ness Avenue, 4<sup>th</sup> Floor Francisco,  
CA 94102

*Original plus 5, plus SWG (6 copies)*

Attach a note to SWG's copy with the request:  
"Please stamp the attached copy and return to  
us in the self-addressed stamped envelope  
provided."

Address on SASE envelope:

(Your name)  
State Regulatory Affairs, LVB-105  
Southwest Gas Corporation  
5241 Spring Mountain Road  
PO Box 98510  
Las Vegas, NV 89193-8510

**California Advice Filings**  
**Sheet 2 of 2**

---

R. Thomas Beach  
2560 Ninth Street, Suite 316  
Berkeley, CA 94710

Gretchen DiAlto, Tariff Administration  
Regulatory Affairs  
Sempra Energy  
555 West 5<sup>th</sup> Street, M.L. 14D6  
Los Angeles, CA 90013-1011

Lee Schavrien, Manager  
Regulatory Affairs, Room 10A  
San Diego Gas & Electric Company  
PO Box 1831  
San Diego, CA 92112

Bruce Folsom  
Manager, Regulatory Compliance  
1411 East Mission, MSC-29  
PO Box 3727  
Spokane, WA 99220-3727

Pat Franklin  
Sierra Pacific Power Company  
PO Box 10100  
Reno, NV 89520-0026

Office of Ratepayer Advocates  
California Public Utilities Commission  
505 Van Ness Avenue, Room 4202  
San Francisco, CA 94102

John Clarke  
Pacific Gas & Electric Company  
77 Beale Street, Room 1001  
San Francisco, CA 94177

James McTarnaghan, Partner  
Duane Morris LLP  
One Market, Spear Tower, Suite 2000  
San Francisco, CA 94105-1104

SOUTHERN CALIFORNIA - RATES Only

Ronald Moore  
Regulatory Affairs  
Southern California Water Company  
630 East Foothill Boulevard  
San Dimas, CA 91773

**California Advice Filings**  
**Sheet 3 of 2**

---

U:\STREG\TariffDistLists\CALIF.ADV.doc