

**GAS MAIN EXTENSION AGREEMENT (CALIFORNIA) (FORM 130.0 01/2005)**



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

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

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

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

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

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

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

**2. Service Location; Sketch of Requested Extension.**

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

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

**3. Utilization of Gas Service.**

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

3.2  Southwest Trench  Applicant Trench  Gas-only Trench  Joint Trench

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

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

**4. Southwest's Total Installed Cost.**

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

**5. Non-refundable Discount Option.**

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

**6. Applicant Design Option.**

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

**7. Applicant Installation Option.**

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

**8. Payment of Advance.**

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

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

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

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

RELOCATION OF GAS DISTRIBUTION FACILITIES AGREEMENT  
(CALIFORNIA) (FORM 130.5 09/2010)



**SOUTHWEST GAS CORPORATION**  
**SERVICE AND/OR METER RELOCATION AGREEMENT (California)**

Agreement \_\_\_\_\_  
Work Request \_\_\_\_\_

**1. AGREEMENT**

- 1.1 This is a Service and/or Meter Relocation Agreement ("Agreement") dated \_\_\_\_\_ between Southwest Gas Corporation ("Southwest") located at \_\_\_\_\_ and \_\_\_\_\_ ("Customer") whose mailing address is \_\_\_\_\_.
- 1.2 All binding communications concerning this Agreement shall be in writing and shall be delivered to each party at the address shown above or such other address as either party may hereafter specify in writing.
- 1.3 This Agreement may not be amended except in writing and executed by all of the parties hereto.
- 1.4 No assignment of this Agreement shall be binding upon Southwest without its prior written consent.
- 1.5 The mutual promises made and obligations undertaken by the parties constitute the consideration for this Agreement.

**2. PROPOSED SERVICE ADDRESSES OR LOCATIONS**

**3. DESCRIPTION AND SKETCH OF THE REQUESTED FACILITIES**

- 3.1 Attached hereto as Exhibit A and made a part of this Agreement is a drawing or diagram of the gas distribution facilities ("Subject Facilities") Southwest proposes to install pursuant to this Agreement.

**4. DESCRIPTION OF REQUESTED SERVICE**

- 4.1 Gas service provided through the Subject Facilities will be used for the following purposes (indicate residential, commercial, industrial, and/or other purposes as appropriate): \_\_\_\_\_

**5. AGREEMENT CONDITIONS**

- 5.1 The Customer is prohibited from building any type of closed structure over the Subject Facilities. If this occurs, the Customer must notify Southwest immediately to have Southwest's gas line(s) and/or meter relocated at the Customer's expense.
- 5.2  Encroachment Relocation (must be resolved within 180 days, or service interruption may result).
- 5.3 If Southwest cannot set the meter where the Customer's gas line(s) enter the structure, the Customer is responsible to ensure qualified technicians plumb the Customer's gas line(s) to the new meter set location. Repairs or modifications to the Customer's gas line(s) completed by the Customer and/or plumber require a City or County clearance tag to indicate that the plumbing passed inspection before the meter can be turned on.
- 5.4 Southwest is not responsible: (a) for determining if the Customer's underground gas line(s) have branches, (b) for determining which appliances will be connected to the new service, or (c) for determining or confirming if a gas meter relocation will eliminate a leak on the Customer's gas line(s) or appliances.
- 5.5 Southwest is not authorized to work on the Customer's private gas line(s) or plumbing. Southwest is only authorized to connect to an existing Customer's gas line(s) at the meter set location. The Customer's underground gas line(s) may have branches to other appliances (e.g., pool heater, barbecue, etc.). The Customer is responsible to ensure qualified technicians plumb these appliances to the new meter set location and connect to the Customer's gas line(s) downstream of the meter. The Customer is responsible for all costs associated with house line modifications and testing.
- 5.6 Every effort will be made to maintain natural gas service to the Customer's premises during construction. Should service be interrupted and the service line and/or meter relocation work is completed, the construction crew will leave a door hanger if the Customer is not at home with instructions to contact Southwest to arrange for a reset and relight.
- 5.7 Southwest requires a minimum of \_\_\_\_\_ business days to obtain permits, locate utilities, and schedule the work. To determine when your project has been scheduled, please call \_\_\_\_\_ after 12 noon on the business day following the receipt of a signed Agreement.
- 5.8 Southwest is not responsible for damage that may occur to private water lines, irrigation systems or any other underground facilities and utilities that are not properly marked. Concrete, brick pavers, landscaping, etc. that must be removed and replaced during the course of the relocation process is the responsibility of the Customer. Southwest does not guarantee that the completed work area will be restored to its original condition.
- 5.9 As part of the estimated costs, Southwest may attempt to insert new Southwest-owned gas line(s) into the existing underground service Southwest-owned gas line(s) to minimize trenching.

Form 130.5 (09/2010) 581 Page 1 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 864  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed March 23, 2011  
Effective April 24, 2011  
Resolution No. \_\_\_\_\_

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



**SOUTHWEST GAS CORPORATION**

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

**GENERAL**

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

**INDEMNITY**

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

**INSURANCE**

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

**WORKER'S COMPENSATION:**

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

**EMPLOYER'S LIABILITY:**

*\$1,000,000 each occurrence.*

**COMPREHENSIVE GENERAL LIABILITY:**

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

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

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

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

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

**LICENSE**

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

**MATERIAL**

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

**TOOLS**

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

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

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

Advice Letter No. 864  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed March 23, 2011  
Effective April 24, 2011  
Resolution No. \_\_\_\_\_

**SERVICE AGREEMENT (CALIFORNIA) [FORM 130.7 (11/92 – Y2K 06/1999)]**



**SOUTHWEST GAS CORPORATION  
SERVICE AGREEMENT (CALIFORNIA)**

This AGREEMENT, dated \_\_\_\_\_, \_\_\_\_\_ is between SOUTHWEST GAS CORPORATION (“Southwest”), located at \_\_\_\_\_ California \_\_\_\_\_, and \_\_\_\_\_, service located at \_\_\_\_\_ mailing address, \_\_\_\_\_ (“Applicant”).

**1. Service.** Southwest agrees to sell and deliver and Applicant agrees to purchase, receive and pay for its natural gas requirements, which are to be used for the purpose of \_\_\_\_\_

**2. Rates.** Gas delivered under this Agreement shall be subject to rates approved and made effective by the California Public Utilities Commission (“Commission”). Applicant understands that said rates may change from those in effect at the date of this Agreement.

**3. Minimum Purchase Obligation.** Pursuant to provisions of Southwest’s filed tariff, if applicable, Applicant agrees, during the term of this Agreement to purchase and pay for a minimum of \_\_\_\_\_ therms of natural gas for any consecutive 12 months from the date of the contract (“Contract Year Minimum”). If, for any reason, Applicant does not purchase the contract minimum, Applicant shall pay to Southwest upon demand an amount equal to \_\_\_\_\_ cents per therm for the difference between the volumes purchased and the Contract Year Minimum. At its option, Southwest may require a letter of credit, performance bond or other surety to guarantee bona fide operation of the facility for which service is requested. If, for any reason, Applicant fails to take service or fails to install appliances or equipment agreed to within six months after the completion of any main extension for which allowances have been provided, then Applicant will be obligated to pay an amount calculated by Southwest in accordance with provisions of its Rules as filed with the Commission, based on actual appliances or equipment installed or used.

**4. Term.** The term of this Agreement shall be for \_\_\_\_\_ years from the above date. Applicant may, upon 30 days written notice to Southwest, terminate the Agreement subject to any payments which may be due under Applicant’s Minimum Purchase Obligation as set forth in paragraph 3 above.

**5. Grant of Easement.** Applicant agrees to grant or otherwise provide to Southwest easements and rights-of-way which are adequate, in the opinion of Southwest, to install, maintain, relocate, or remove gas facilities serving applicant.

**6. Communications.** All communications concerning this Agreement shall be in writing, delivered to the parties at the addresses shown above or such other address as the party may specify.

**7. Regulatory Changes.** Applicant acknowledges that this Agreement is subject to the jurisdiction of the Commission and to Southwest’s Rules and Regulations on file with the Commission which may be changed from time to time by lawful action of that agency, and that such changes may limit Southwest’s obligations and liability to Applicant.

**8. Assignment.** No assignment of this Agreement shall be made by Applicant without the written consent of Southwest.

**9. California Law.** The laws of the State of California shall govern this Agreement.

**WHEREFORE,** the parties have duly executed this Agreement on the date written above.

<i>APPLICANT</i>	<i>SOUTHWEST GAS CORPORATION</i>
_____	_____
By _____	_____
Title _____	_____

Form 130.7 (11/92 – Y2K 06/1999) 170 – Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**APPLICANT-INSTALLATION COST VERIFICATION – STATEMENT OF  
REFUNDABLE COSTS FOR APPLICANT-INSTALLATION (FORM 130.16 12/2003)**



**SOUTHWEST GAS CORPORATION**

**APPLICANT - INSTALLATION COST VERIFICATION**

**Statement of Refundable Costs for Applicant - Installation**

Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Work Order Numbers: \_\_\_\_\_  
Project-Specific Estimate of Refundable Costs for Utility-Installation \$ \_\_\_\_\_

**Applicant-Installed Costs**

The information provided in this Statement of Refundable Costs of Applicant-Installation (Statement), Section I, must only include the costs of facilities installed by the Applicant that are refundable and that are normally Southwest Gas Corporation's (Southwest) responsibilities under its California Gas Tariff. The costs provided by the Applicant must be taken from the Applicant's contract with its qualified contractor or subcontractor, unless the Applicant will be performing the work. If the Applicant will be performing the work, the Applicant must provide a verified statement of its estimated refundable costs.

Upon completion of the work, the Applicant's reported costs will be compared with the Utility's estimated installation costs of the same facilities, the lower of which will be used to determine the amount subject to allowances and refunds, in accordance with the provisions of Rule Nos. 15 and 16 of Southwest's California Gas Tariff.

If the Applicant chooses not to provide a Statement of estimated costs, Section II of this form must be completed. Until the Applicant either provides the refundable cost from its contract with its contractor (or its own estimated refundable costs, if applicable), or returns this form indicating that it will not do so, Southwest will not proceed with any work on the Applicant's project.

**Applicant's Statement of Refundable Costs include:** Trenching, backfilling, street repair, distribution mains, services, valves, regulators, connection fittings, and other related distribution equipment required to complete the extension, as detailed in Rule Nos. 15 and 16 of Southwest's California Gas Tariff.

**Applicant's Statement of Refundable Costs do not include:** Inspection fees, tie-in of system by Southwest, distribution substructures, or protective structures, as detailed in Rule No. 15 of Southwest's California Gas Tariff.

**Section I. Applicant's Refundable Installation Cost:**

\$ \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Dated \_\_\_\_\_ at \_\_\_\_\_, California.

Print Applicant Name \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

**Section II. Applicant's Waiver of Election to Provide a Statement of Refundable Costs for Installation**

I hereby waive my election to provide to Southwest a Statement of Refundable Costs for Applicant-Installation for this project as taken from my contract with my contractor, or as performed by myself. I acknowledge that Southwest will utilize its estimate of installation costs in determining the refundable costs for this project.

Dated \_\_\_\_\_ at \_\_\_\_\_, California.

Print Applicant Name \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Form 130.16 (12/2003) 105 - Microsoft Word

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

**FACILITY RELOCATION AGREEMENT  
(ARIZONA/CALIFORNIA/NEVADA) (Form 130.20 06/2010)**



**SOUTHWEST GAS CORPORATION**

Agreement \_\_\_\_\_  
Work Request \_\_\_\_\_

**FACILITY RELOCATION AGREEMENT (Arizona/California/Nevada)**

**1. AGREEMENT**

- 1.1 This is a Relocation of Gas Distribution Facilities Agreement ("Agreement") dated \_\_\_\_\_ between Southwest Gas Corporation ("Southwest") located at \_\_\_\_\_ and \_\_\_\_\_ ("Requester") whose mailing address is \_\_\_\_\_.
- 1.2 All communications concerning this Agreement shall be in writing and shall be delivered to each party at the address shown above or such other address as either party may hereafter specify in writing.
- 1.3 This Agreement may not be amended except in writing and executed by all of the parties hereto.
- 1.4 No assignment of this Agreement or of any refunds which may become due hereunder shall be binding upon Southwest without its written consent.
- 1.5 The mutual promises made and obligations undertaken by the parties constitute the consideration for this Agreement.

**2. PROPOSED SERVICE ADDRESSES OR LOCATIONS**

\_\_\_\_\_

**3. DESCRIPTION AND SKETCH OF THE REQUESTED FACILITIES**

- 3.1 Attached hereto as Exhibit A and made a part of this Agreement is a drawing or diagram of the gas distribution facilities ("Subject Facilities") Southwest proposes to install, relocate, and/or abandon pursuant to this Agreement.

**4. DESCRIPTION OF REQUESTED RELOCATION WORK**

- 4.1 Description of the Subject Facilities to be installed, relocated, and/or abandoned as part of this Agreement:

\_\_\_\_\_

**5. AGREEMENT CONDITIONS**

- 5.1 The Requester is prohibited from building any type of structure over Subject Facilities. If this occurs, the Requester must contact Southwest to relocate the gas lines and/or meter at the Requester's expense.
- 5.2  Encroachment relocation (must be resolved by \_\_\_\_\_, or service interruption may result).
- 5.3 Southwest requires a minimum of \_\_\_\_\_ weeks to finalize the design, obtain permits, and schedule the work for construction.  
Please call \_\_\_\_\_ at \_\_\_\_\_ to coordinate construction times and schedules.
- 5.4 Southwest is not responsible for any damage that may occur to any other underground utilities, irrigation systems, etc., that are not properly marked by One Call, Blue Stake, and/or private facility owner.

**6. ESTIMATED COSTS**

- 6.1 Southwest will relocate the Subject Facilities as described in attached Exhibit A at a total estimated cost of \$ \_\_\_\_\_.  
Estimated Cost \$ \_\_\_\_\_ + Gross-Up Tax \$ \_\_\_\_\_ = Total Estimated Cost \$ \_\_\_\_\_
- 6.2 Southwest will review the final cost approximately ninety (90) days after the Subject Facilities is complete. If the estimated cost paid by Requester is less than the final cost, Requester hereby agrees to pay Southwest the difference of the final cost over the estimated cost within thirty (30) days of presentment of an invoice by Southwest. If the estimated cost is greater than the final cost, Southwest will refund the difference to Requester.
- 6.3 **This cost estimate is valid for ninety (90) days from the date of this Agreement.**

**7. PAYMENT TERMS**

- 7.1 Requester agrees to pay Southwest, at least five (5) days in advance of the estimated construction date specified in paragraph 8 hereof, the total estimated cost of the Subject Facilities, to which Requester may be entitled. Payment must be received in full before the Subject Facilities can be released for construction.

**CONTRACT FOR INSTALLATION OF NATURAL GAS PIPELINE FACILITIES –  
INGRESS AND EGRESS (CALIFORNIA) (FORM 334.0 12/2010)**



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

<i>OFFICE USE ONLY</i>	
Mtr. _____	Footage _____
Work Request _____	

Service Address \_\_\_\_\_ City or Location \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Tract \_\_\_\_\_  
Mailing Address \_\_\_\_\_ APN and/or Lot #s \_\_\_\_\_  
City, State & ZIP Code \_\_\_\_\_ Email: \_\_\_\_\_  
Daytime (or) Work Phone \_\_\_\_\_ Evening (or) Home Phone \_\_\_\_\_

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

Notes: \_\_\_\_\_

**Contract Conditions:**

- The Applicant, as owner or authorized agent for the owner, hereby requests Southwest Gas Corporation ("Southwest") to install its natural gas pipeline facilities ("Subject Facilities") to and upon the aforementioned premises, in accordance with the provisions of its Rules as filed with the California Public Utilities Commission ("Commission") having jurisdiction over Southwest's operations, and hereby grants to Southwest such rights of ingress and egress as may be necessary or convenient to enable Southwest to install, operate, inspect, maintain, repair and remove meters, gauges, pipelines, fittings and regulators and all other equipment and apparatus which Southwest may elect to install for the purpose of furnishing natural gas service to the aforementioned premises or adjoining premises, or to make a survey of the number and type of appliances and equipment installed on the aforesaid premises.
- The Applicant agrees to install and utilize the natural gas appliances and/or equipment indicated above. The justification of any applicable allowance granted the Applicant is based on the usage of the installed appliances and/or equipment (indicated above). If the appliances and/or equipment (indicated above) for natural gas service are not installed and utilized for residential service within six months or for nonresidential service within three years, Southwest may bill the Applicant for the cost of the Applicant's natural gas service and/or main line installation.
- This Contract shall at all times be subject to such changes or modifications by the Commission as said Commission may from time to time direct in the exercise of its jurisdiction.

Form 334.0 (12/2010) 170 Page 1 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**PROPOSAL TO PURCHASE AND AGREEMENT FOR TRANSFER OF  
OWNERSHIP OF DISTRIBUTION SYSTEMS (CALIFORNIA) (FORM 336.0 08/1998)**



**SOUTHWEST GAS CORPORATION**

**PROPOSAL TO PURCHASE AND AGREEMENT FOR TRANSFER  
OF OWNERSHIP OF DISTRIBUTION SYSTEMS (CALIFORNIA)**

This Proposal to Purchase ("Proposal") and Agreement for Transfer of Ownership of Distribution

Systems ("Agreement") is entered into \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

by and between \_\_\_\_\_ ("Utility")  
(Name of Utility)

and \_\_\_\_\_ ("Transferor").  
(Name of Park or Community Owner)

WHEREAS, Transferor has requested and Utility is offering this Proposal pursuant to Chapter 6.5 of Part 2 of Division 1 of the California Public Utilities Code, "Transfer of Facilities in Master-Metered Mobilehome Parks and Manufactured Housing Communities to Gas or Electric Corporation Ownership," beginning with Section 2791 and Section 2793, in particular, for the transfer of ownership to Utility of Transferor's gas distribution system described in Appendix I, upon the cost arrangements set forth in Appendix II, upon the terms and conditions set forth herein, and upon the additional terms and conditions set forth in Appendix III;

WHEREAS, the facilities which make up Transferor's distribution system determined by Utility to be suitable for the transfer of ownership, include, but are not limited to, pipes, valves, fittings, regulators, meters, and other associated materials (the "Facilities"). Refer to Appendix I for a more detailed description of the Facilities and a description of any additional Facilities which Transferor may be required to install. The Facilities and any additional Facilities installed under this Agreement are referred to collectively as the "System."

WHEREAS, Transferor desires to transfer ownership of the System to Utility, and Utility is willing to accept the transfer of ownership of the System subject to the terms and conditions set forth in this Agreement.

WHEREAS, this Proposal may be accepted by Transferor at any time within ninety (90) days from the date of its receipt by signing and returning it to Utility, along with any required contribution or advance. The Proposal and Agreement may be terminated at any time by Transferor as provided by Public Utilities Code Section 2799(a) upon written notice to Utility;

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



**NON-INTEREST-BEARING SALES CONTRACT (FORM 402.0 05/1997)**



**NON-INTEREST-BEARING SALES CONTRACT**

Date Contract Prepared		Prepared By		District Name & Number			Purchase Order Number		
Buyer (print or type full name)						Telephone Number			
Address (number & street)				City		State		ZIP Code	
Mailing Address (if different)				<b>OPERATIONS OR MAINTENANCE/W.O. NUMBERS</b>					
To Be Installed At (address)				ORC (4)	RRC (4)	RLC (3)	Acct/Job/WO# (8)	P/P (4)	C/E (3)
Customer Account Number			Tax Code						
Blanket and Specific W.O. Numbers (for reference only)									
Blanket and Specific W.O. Numbers (for reference only)									
<b>Quantity</b>	<b>Description of Merchandise or Accessories (hereinafter "Property")</b>					<b>Item</b>		<b>Price</b>	
						1a. Total Property		\$	
						b. Freight Charge		\$	
						c. Local Delivery Charge		\$	
						<b>SUBTOTAL</b>		<b>\$</b>	
						d. Sales Tax		%	
						e. Labor Charge		\$	
<b>FOR FINANCIAL REPORTING USE ONLY</b>						<b>SUBTOTAL</b>		<b>\$</b>	
ACCOUNTING CONTROL KEY									
	ORC (4)	RRC (4)	RLC (3)	Acct/Job/WO#(8)	P/P (4)	C/E (3)	Amount		f. Other Charges as applicable
DR							\$		
CR							\$		
							2. TOTAL Cash Price		\$
							3. Less Cash Down Payment		\$
							4. TOTAL Unpaid Balance		\$

This is a non-interest-bearing sales contract payable in no more than 90 days from the date hereof, in no more than three (3) installments, a down payment, if any, being considered the first installment. No Finance Charge is imposed.

**PAYMENT SCHEDULE OF TOTAL UNPAID BALANCE**

- Cash price has been paid in full.  
 On or before \_\_\_\_\_, \_\_\_\_\_, for value received, the undersigned buyer promises to pay to SOUTHWEST GAS CORPORATION at Las Vegas, Nevada, or wherever the undersigned may reside or be found, the unpaid balance of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) as follows:  
 One (1) installment of \$ \_\_\_\_\_ on or before \_\_\_\_\_  
 Two (2) installments of \$ \_\_\_\_\_ on or before \_\_\_\_\_  
 Two (2) installments of \$ \_\_\_\_\_ and a final installment of \$ \_\_\_\_\_

The installments are payable on the 10<sup>th</sup> of each month beginning on the 10<sup>th</sup> day of \_\_\_\_\_, and continuing until paid in full. Delinquent payments (those installment payments not received within 30 days from the scheduled dates) will be subject to a service charge of 1.5% monthly (APR 18%) on the unpaid balance.

**THIS CONTRACT IS SUBJECT TO EACH AND ALL OF THE FOLLOWING TERMS AND CONDITIONS:**

Buyer promises to pay Southwest Gas Corporation (Seller) (a) the total contract amount in the manner specified, (b) all actual and reasonable costs of collection occasioned by removal of the Property from this state without Seller's written permission or by failure of Buyer to notify Seller of any change of residence or to communicate with Seller for a period of 45 days after any default in making payments due hereunder, and (c) to the extent permitted by law any deficiency remaining after repossession and resale of the Property. Seller reserves title to the Property and all rights provided by law until final payment is duly made. Buyer assumes all risks and no loss, damage or disrepair of the Property releases Buyer hereunder. The Property shall remain personal property and retain its removable character without regard to the manner of its installation or the consequences of its removal. Buyer will keep the Property in good repair and promptly advise Seller in writing of any place where moved. Buyer will not misuse, secrete, encumber, pledge, sell or dispose of the Property, or remove the Property from this state, use it unlawfully, suffer any lien against it or legal process against Buyer's other property to which the Property may be affixed. Buyer will establish on demand the correctness of all written information and representations given or made by Buyer in connection with this contract and the transaction represented hereby, and will not commence or permit the continuance of any proceedings in bankruptcy or receivership, or make an assignment for creditors. Buyer will promptly notify Seller in writing of any change of Buyer's residence. Time is of the essence and no indulgence or acceptance of delinquent or partial payments constitutes a waiver of Seller's rights. Upon default by Buyer, Seller may accelerate the payment of all or part of the amount unpaid and as permitted by law, (1) sue for same, or (2) repossess the Property, and (j) retain it and all payments in satisfaction of the balance, or (i) sell it and pay any surplus to or recover any deficiency from Buyer. Seller may perform any obligation of Buyer hereunder and upon demand, Buyer will pay the Seller the cost thereof.

This contract contains the entire understanding of the parties (each acknowledging that no promise has been made to compensate Buyer for referring Seller or customers to the other), binds jointly and severally all signing as Buyer and their heirs and representatives and inures to the benefit of Seller's assigns free of all rights of action and defenses brought by Buyer.

There are no express warranties unless they appear in writing and are signed by the seller, and there are no implied warranties of merchantability or fitness for a particular purpose in connection with the sale of the Property.

This contract shall be of no force or effect until accepted and signed by the Seller, whereupon the Seller will deliver to the Buyer indicated above a completed copy hereof.

**Notice to the Buyer:** (1) Do not sign this contract before you read it or if it contains any material blank space; (2) You are entitled to a completely filled-in copy of this contract.

BUYER (signature) _____	(date signed) _____	SOUTHWEST GAS CORPORATION (signature) _____	(date signed) _____
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Form 402.0 (05/97) 400 - Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**LANDLORD AGREEMENT (FORM 411.0 12/2014)**



Complete all information on this Agreement to expedite processing.

Please print or type

**Owner Information**

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

\*Social Security or Federal Tax ID Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Co-Applicant/Spouse \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

\*Social Security (last four digits only) or Federal Tax ID Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

**Billing Information**

Mailing Address for Bills \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_

In Care Of (if different from Owner's name) \_\_\_\_\_

**Property Management Information (if applicable)**

Company or Manager's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

\*Social Security (last four digits only) or Federal Tax ID Number \_\_\_\_\_

\*Southwest Gas Corporation required field(s) to process this agreement.

**List the residential address(es) to be covered by this Agreement on the reverse side of this form.**

This Agreement hereby authorizes Southwest Gas Corporation (hereinafter referred to as "SWG") to bill for gas services in accordance with the terms and conditions applicable to customers by means of an automatic authorization from the owner or authorized agent (hereinafter referred to as "Landlord") of the property. This Agreement shall be governed by the following terms and conditions mutually agreed to by the respective parties. SWG reserves the right to deny this Agreement. A qualified Landlord is a rental property owner that has established credit with SWG.

**Credit Established Account Number \_\_\_\_\_ or enclose Letter of Credit<sup>1</sup>**

- SWG will not notify the Landlord each time the account automatically reverts to the Landlord's name. Landlord accounts set up on Automatic Payment Plan (APP) or Electronic Bill Payments will terminate at the time service is discontinued in the Landlord's name. Because of account number changes, a new application will be required to resume either of these payment options when service is reestablished in the Landlord's name.
- This Agreement may be canceled by the Landlord or SWG at any time with a 30-day **written notification** to the other party. The Landlord will remain liable for all costs incurred in the provision of service(s) until proper notice is received by SWG.
- The applicable account shall automatically revert to the Landlord's name when the tenant requests disconnection of service. The Landlord shall be liable to SWG for the provision of service(s) when the account reverts to the Landlord's name, whether or not the Landlord is aware that the account has been changed to the Landlord's name.
- The Landlord shall be liable for all bills incurred while the applicable account is in his or her name; however, no service establishment fee shall be charged each time the account reverts to the Landlord's name except that the Landlord shall be charged a service establishment fee in the event he or she notifies SWG to discontinue service and subsequently decides to reestablish or reconnect the service in his or her name at the particular residence.
- This Agreement shall not apply when a tenant is disconnected for nonpayment of gas bills.
- It is the obligation of the Landlord or the tenant to notify SWG of any changes in occupancy. All notices required by the Landlord to SWG and any other changes in this Agreement requested by the Landlord including, but not limited to, changes in the applicable residences and mailing addresses must be in writing. **It is the Landlord's responsibility to notify SWG if there is a change of ownership of the property. (FAX notification is acceptable)**
- This Agreement shall be canceled, without notice, if any of the accounts listed become delinquent, service is discontinued for nonpayment, or any final bills are left unpaid while in the Landlord's name.
- This Agreement does not prevent SWG from discontinuing service(s) for nonpayment of bills, fraudulence or noncompliance with SWG rules and regulations on file with the appropriate state Commission.
- A change in Property Management will require a new Agreement to be executed.

**I have read and fully understand the terms and conditions governing this Agreement. As evidence thereof, I have affixed my signature.**

<sup>1</sup> Letters of Credit within the past 24 months of service are accepted from a natural gas or electric utility if it meets Southwest Gas credit criteria.

Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Return to: Southwest Gas Corporation • 10682 Pioneer Trail • Truckee, CA • 96161**

Form 411.0 (12/2014) 320 Front Microsoft Word

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

Advice Letter No. 962  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed December 5, 2014  
Effective January 5, 2015  
Resolution No. \_\_\_\_\_

SUMMARY BILLING AGREEMENT – CALIFORNIA (FORM 414.0C 04/2000)



**SOUTHWEST GAS CORPORATION**

***SUMMARY BILLING AGREEMENT - CALIFORNIA***

This Summary Billing Agreement (“Agreement”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (“Customer”) and Southwest Gas Corporation (“Southwest”), a California Corporation, located at \_\_\_\_\_.

WHEREAS, Southwest provides a billing service called Summary Billing, whereby Customers with several natural gas accounts can receive a single bill with summarized billing data for these accounts, and

WHEREAS, the Customer and Southwest desire to enter into an agreement for the Customer’s participation in Southwest’s Summary Billing Program.

NOW, THEREFORE, the parties agree as follows:

1. **Definitions**

1.1 **Billing Cycle** - The 21 Billing Cycles (designated by numbers – 1, 2, 3, etc.) that comprise Southwest’s monthly meter reading schedule. The Billing Cycle assigned to the Customer’s gas Detail Account denotes the date each month on which the account is scheduled to be read. Due to weekends and holidays, the meter reading date may vary from month to month.

The Billing Cycle assigned to the Customer’s Master Account, which is separate from the cycles assigned to the Detail Accounts, denotes the approximate date each month on which Southwest will start the billing process for the Master Account.

1.2 **CPUC** - The California Public Utilities Commission.

1.3 **Detail Accounts** - The Customer’s individual accounts that are designated by the Customer (see Attachment A) to be summarized under a Master Account. Customers can select where they want the monthly Detail Account bills to be mailed (Detail Account mailing addresses, Master Account mailing address or both) or they can choose not to receive any Detail Account bills. The monthly activities for the Detail Accounts are listed separately on the Summary Bill statement and their sum total is shown on the Master Account.

1.4 **Master Account** - A special account to which the charges from the Customer’s Detail Accounts are transferred and added together, and to which payment activity is entered. More than one Master Account may be required per Customer to meet all of the terms and conditions of this Agreement.

1.5 **Meter Reading Date** - The date on which the meter for the Customer’s Detail Account is to be read by Southwest. The Billing Cycle assigned to the Detail Account determines the account’s meter reading date each month.

1.6 **Summary Billing** - A special billing service Southwest provides whereby Customers with several natural gas Detail Accounts can receive a single bill with summarized billing data for these accounts.

1.7 **Transaction** - The issuance and mailing of a Summary Bill and/or notice by Southwest or the payment of any Summary Bill and/or notice by the Customer.

*Form 414.0C (04/2000) 320 – Page 1 Word*

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 864  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed March 23, 2011  
Effective April 24, 2011  
Resolution No. \_\_\_\_\_

CUSTOMER TRENCH REQUIREMENTS (FORM 415.0 06/2003)



**SOUTHWEST GAS CORPORATION**  
***CUSTOMER TRENCH REQUIREMENTS***

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

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

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

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 864  
Decision No. \_\_\_\_\_

Issued by  
John P. Hester  
Senior Vice President

Date Filed March 23, 2011  
Effective April 24, 2011  
Resolution No. \_\_\_\_\_

**IMBALANCE TRADING REQUEST (FORM 880.0 11/2013)**



**SOUTHWEST GAS CORPORATION**  
**IMBALANCE TRADING REQUEST**

**A.** This trade is with a customer of Southern California Gas Company (SoCalGas):  Yes  No

If yes, SoCalGas Cust/AM/AG code: \_\_\_\_\_

Name of SoCalGas Customer: \_\_\_\_\_

Contact Name/Phone Number: \_\_\_\_\_

**B.** This trade is with the customer's Southwest Gas Storage Account (*Core Customers only*):  Yes  No

**C.** This trade is with another customer served by Southwest Gas:  Yes  No

If yes, name of Southwest Gas Customer: \_\_\_\_\_

Month/Year of Imbalance: \_\_\_\_\_

Imbalance Volume to be Traded: \_\_\_\_\_ Therms

**From**

- SoCalGas
- Core Storage Account
- Southwest Gas Customer
- Imbalance Account

**To**

- SoCalGas Customer
- Core Storage Account
- Southwest Gas Customer
- Imbalance Account

I understand that this Imbalance Trade is contingent on Southwest Gas authorizing the trade. If the Imbalance Trade is with a SoCalGas customer, Southwest Gas will enter into the trade through SoCalGas' imbalance trading program. Imbalance Trading forms must be submitted to Southwest Gas and trades completed prior to 3:00 p.m. Pacific Clock Time of the 30<sup>th</sup> of the trading month, or the 28th calendar day during the month of February. If the end of the trading period falls on a weekend or holiday, the prior business day shall be the last day for trading to occur.

This form must be e-mailed to Southwest Gas at the following address:

swg.gasdispatch@swgas.com

**Form Submitted by** \_\_\_\_\_  
*Customer*

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Form 880 (11/2013) 150 - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 927  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed December 5, 2013  
Effective December 5, 2013  
Resolution No. \_\_\_\_\_

**UTILITY AUTHORIZATION FOR CORE AGGREGATION  
TRANSPORTATION SERVICE (FORM 881.0 09/2014)**



**SOUTHWEST GAS CORPORATION**

**UTILITY AUTHORIZATION FOR CORE  
AGGREGATION TRANSPORTATION SERVICE**

By this Utility Authorization for Core Aggregation Transportation Service (Authorization), \_\_\_\_\_  
(Customer, I or my), a customer of Southwest Gas

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

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

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

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

*Check one:*

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

*Please type or print clearly:*

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by a duly authorized representative of the Customer.

Customer or Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

By (signature): \_\_\_\_\_ Title: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Contact Name (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*Form 881.0 (09/2014) 106 Front - Microsoft Word*

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

Advice Letter No. 954  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed October 15, 2014  
Effective October 15, 2014  
Resolution No. \_\_\_\_\_

**CREDIT APPLICATION (FORM 882.0 05/2014)**



**General Information**

Legal Company Name \_\_\_\_\_ Doing Business As (DBA) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ State Tax ID \_\_\_\_\_

Organized and existing under the laws of (State): \_\_\_\_\_ Year Incorporated or Established \_\_\_\_\_

Company Website \_\_\_\_\_

**Corporate Affiliations**

Ultimate Parent \_\_\_\_\_ Immediate Parent \_\_\_\_\_

Subsidiary(ies) \_\_\_\_\_

Affiliate(s) \_\_\_\_\_

**Primary Contacts**

**Credit Department Contact**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Gas Trader Contact**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Other**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Estimated Volumes of Service Requested per Month** \_\_\_\_\_

**Representations**

1. Operating under federal bankruptcy laws?  Yes  No
  2. Subject to pending litigation or regulatory proceedings in state or federal courts?  Yes  No
  3. Subject to collection lawsuits or outstanding judgments which could impact solvency?  Yes  No
- Please explain any 'Yes' answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE  
FOR QUALIFIED MEDICAL CONDITIONS (FORM 902.1 01/2014)**



**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.*

**Visite a [www.swgas.com](http://www.swgas.com) o llame (sin cargo) al 1-877-860-6020 para obtener una versión en español.**

**Customer Information:**

Name \_\_\_\_\_

Service Address \_\_\_\_\_  
Street City State ZIP Code

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

Telephone No. ( ) \_\_\_\_\_ Account Number \_\_\_\_\_

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

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

I, the undersigned, certify that \_\_\_\_\_ is a full-time resident of my household and either is dependent on life support equipment, as that term is defined in Cal. Pub. Util. Code §739(c)(2), or requires additional space heating/cooling needs in excess of the average residential user because the stated individual is a hemiplegic, paraplegic, quadriplegic, multiple sclerosis or scleroderma patient, or is a person who is being treated for a life-threatening illness or has a compromised immune system.

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

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

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

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

Customer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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

I hereby certify that \_\_\_\_\_ is either dependent on life support equipment as that term is defined in Cal. Pub. Util. Code §739(c)(2), or requires additional space heating/cooling needs in excess of the average residential user because the stated individual is a hemiplegic, paraplegic, quadriplegic, multiple sclerosis or scleroderma patient, or is a person who is being treated for a life-threatening illness or has a compromised immune system.

Name of Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

M.D./D.O License No. \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

For more information visit [www.swgas.com/residential/specialprograms](http://www.swgas.com/residential/specialprograms) or call toll free 1-877-860-6020

**Return the signed form to Southwest Gas at: Fax 1-866-997-9427 Mail PO Box 1498, Victorville, CA 92393**

**Email [customerinfo@swgas.com](mailto:customerinfo@swgas.com)**

*Southwest Gas Corporation does not guarantee the privacy or security of faxed or electronic mail documents. By sending or requesting information be sent via facsimile or electronic mail, you are agreeing to accept any associated risk.*

**For Company Use Only: Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_**

Form 902.1 (01/2014) 320 – Microsoft Word

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

Advice Letter No. 931  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed January 17, 2014  
Effective February 16, 2014  
Resolution No. \_\_\_\_\_



**APPLICATION FOR QUALIFIED NONPROFIT GROUP LIVING FACILITIES FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 902.2 06/2010)**



If qualified, homeless shelters, group homes for the disabled and/or disadvantaged, nursing and long-term care facilities, senior board and care facilities, and transitional housing that are not-for-profit may receive a discount on their utility bills. This discount is required by state law and is under the direction of the California Public Utilities Commission (CPUC).

**WHO MAY QUALIFY?**

A licensed or appropriately permitted nonprofit establishment providing a service, such as meals or rehabilitation, in addition to lodging and where 100% of the residents meet the CARE eligibility requirements. Homeless shelters, women's shelters, or hospices that would otherwise qualify but are not licensed or do not possess a Conditional Use Permit may qualify. Such facilities may qualify provided adequate proof satisfactory to Southwest Gas is submitted and approved showing that its residents meet the CARE income eligibility requirements and that its services are being provided to benefit eligible residents. Facilities such as student housing and/or dorms, military barracks, fraternities and/or sororities, and publicly-owned and government-subsidized housing facilities are excluded. The discount cannot be used to offset any direct governmental subsidies and shall be used for the direct benefit of the eligible residents in the facility (e.g., improved quality of care or improved food service). **Any for-profit entity is ineligible.**

**ELIGIBILITY REQUIREMENT**

A resident whose total gross annual income (taxable and non-taxable) from all sources is no more than 200% of the federal poverty level income guidelines and is not claimed as a dependent on another person's income tax return.

Name on Southwest Gas Bill		Account Number																
Service Address		City	State		ZIP Code													
Mailing Address		City	State		ZIP Code													
Name of Corporation/Facility		IRS Nonprofit Tax ID #		(Attach Copy of IRS Code Section 501(c)(3) Letter of Tax-Exempt Nonprofit Status)														
Name on State Business License (Attach Copy of License) or Conditional Use Permit		Type of License		Expiration Date														
Name on Any Other Current License or Conditional Use Permit for the Corporation/Facility (Attach Copy of Any License or Permit or Other Proof as Requested by Southwest Gas)		1) Is the facility operating as a satellite of a licensed, "motherhood" facility? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Total Number of Residents of Facility		2) If Yes, provide name of "motherhood" facility and attach a copy of current "motherhood" license.																
Total Number of Residents Who Meet Eligibility Guidelines as Stated Above		3) Name on Southwest Gas Bill																
State the primary purpose of the facility and the services offered:		4) Address of satellite facility(ies):																

Is at least 70% of the facility's energy used for residential purposes?  Yes  No  
Does the facility receive any funding from a governmental agency?  Yes  No  
If yes, please explain type of funding and which governmental agency provides the funding.  
As an authorized representative of the facility, I certify that the above information is true and accurate, and that I have verified the eligibility of the residents. I further certify that the discount shall be used for the direct benefit, such as improved quality of care or improved food service, of the residents in the facility. I also understand that Southwest Gas may request additional proof of eligibility and verification.

Authorized Representative Name (please print) \_\_\_\_\_ Authorized Representative Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_  
**Note: Facilities receiving the discount are subject to verification by Southwest Gas. Facilities receiving the discount inappropriately will be rebilled at the correct rate.**

Form 902.2 (06/2010) 320 Front - Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

**APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM  
 FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (FORM 902.4 06/2010)**

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



**Instructions**

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

If you have questions, please contact your local office listed below.  
*Si tiene preguntas, por favor llame a la oficina de la lista a continuación.*

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

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

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

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

**APPLICANT'S RESPONSIBILITIES**

The applicant is required to:

- Provide proof of the facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all households and individuals residing in the facility meet the CARE income eligibility guidelines (see Eligibility Criteria for Applicant section) and make a certification to that effect, under the penalty of perjury, under the laws of the state of California.
- At recertification, describe: 1) how the discount was previously used for the direct benefit of the residents, and 2) how the discount will be used for the next two years for the direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from Federal tax returns, payroll stubs, or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and for recertification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and for recertification.
- Upon request from Southwest Gas, provide documentation of the resident's income eligibility and documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by Southwest Gas. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by Southwest Gas.

**DISCOUNT**

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

**ELIGIBILITY CRITERIA FOR APPLICANT**

Each applicant MUST meet ALL of the following criteria:

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

**ELIGIBLE FACILITIES**

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

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

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

**Customer Assistance** ..... (760) 951-4045  
**Hearing Impaired** ..... 711  
**Apply online at:** [www.swgas.com](http://www.swgas.com)

Form 902.4 (06/2010) 3/20 From Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



**CUSTOMER DECLARATION OF ELIGIBILITY FOR  
BASELINE RATES (CALIFORNIA) (FORM 902.15 06/2010)**



**SOUTHWEST GAS CORPORATION**

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

*Customer hereby claims eligibility for baseline rates and declares that the service requested will be used for residential purposes under the provisions of Southwest Gas Corporation's (the Company) applicable rate schedules (Schedule No. G-20/GN-20/SLT-20 – Multi-Family Master-Metered Gas Service or Schedule No. GS-25/GN-25/SLT-25 – Multi-Family Master-Metered Gas Service - Submetered). The total baseline allowance will be determined by the stated number of occupied units to be billed.*

**Customer Information:**

Name \_\_\_\_\_ Account Number \_\_\_\_\_

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

Service Address \_\_\_\_\_  
Street City State ZIP Code

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

Please state the number of:

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

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

Customer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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

**For additional information, please call:**  
Customer Assistance ..... (760) 951-4045  
Hearing Impaired ..... 711  
Apply online at: [www.swgas.com](http://www.swgas.com)

For Company Use Only: Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_

Form 902.15 (06/2010) 320 Microsoft Word

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

**CARE PROGRAM APPLICATION FOR TENANTS OF  
SUBMETERED RESIDENTIAL FACILITIES (FORM 902.16 05/2014)**

**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.  
**QUALIFICATION** for the CARE Program is based on your household income and household size.  
**REVIEW** the chart below, and if you think you may qualify, complete and return entire application.

**CARE Program Income Requirements (effective June 1, 2014 through May 31, 2015)**

**Maximum Household Income** (current household income from all sources before deductions):

Number of persons living in my home	1 - 2	3	4	5	6	7	8
Total combined gross annual income (from ALL sources)	\$31,460	\$39,580	\$47,700	\$55,820	\$63,940	\$72,060	\$80,180

*For each additional person, add \$8,120.*

**Entire application must be completed and signed. Please print clearly.**

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 your home.

**This includes, but is not limited to, the following (please check (✓) ALL that apply):**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Wages or profit from self-employment                                   | <input type="checkbox"/> Pensions   | <input type="checkbox"/> Social Security or SSDI  |
| <input type="checkbox"/> Disability or Workers' Compensation payments                           | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment benefits    |
| <input type="checkbox"/> Insurance or legal settlements   | <input type="checkbox"/> TANF       | <input type="checkbox"/> Spousal or child support |
| <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses            |                                     | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest/dividends from savings, stocks, bonds, or retirement accounts |                                     | <input type="checkbox"/> Cash and/or other income |

**Total combined gross annual household income:** \$  ,  . 00 per year

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

**TENANT INFORMATION**

Your name (as shown on Southwest Gas bill)

Your home address (include apartment or space number)

-  -   
City ZIP code Contact phone number

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

Source Code (Southwest Gas Use Only)  SWGC -  7500

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 within 30 days 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 \_\_\_\_\_

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



**CALIFORNIA MICRO-BUSINESS DECLARATION (FORM 912.0 12/2010)**



**SOUTHWEST GAS CORPORATION**  
***CALIFORNIA MICRO-BUSINESS DECLARATION***

I, \_\_\_\_\_ certify and declare under penalty of perjury in the State of California  
(Print Name)  
that I am an owner of \_\_\_\_\_ (“Business”), which receives natural gas service  
(Name of Business)  
from Southwest Gas Corporation at \_\_\_\_\_  
(Address of Service Location\*)

I further certify and declare that the Business is duly certified to transact business in the State of California, and that the Business qualifies as a “micro-business” pursuant to California Government Code §14837.

I understand that the above information will be relied upon by Southwest Gas to classify the Business as a Small Business Customer under its California Tariff, and that an owner of the Business is responsible for notifying Southwest Gas if any of the above information changes. I further understand that if Southwest Gas determines any of the information provided in this Declaration to be inaccurate, the Business may be required to pay Southwest Gas any amounts that would have been charged had the Business not been classified as a Small Business Customer.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Billing Address, Line 1*

\_\_\_\_\_  
*Billing Address, Line 2*

\* The Business owner must complete a separate Form 912.0 California Micro-Business Declaration for each service location.

Please return this completed form for processing to:

Southwest Gas Corporation  
PO Box 1498  
Victorville, CA 92393  
Fax 1-866-997-9427

*Form 912.0 (12/2010) 320 Microsoft Word*

**MOBILEHOME PARK CONVERSION PROGRAM APPLICATION (FORM 913.1 11/2014)**

**MOBILEHOME PARK  
UTILITY UPGRADE PROGRAM APPLICATION**

Date of Issuance: \_\_\_\_\_

In accordance with California Public Utilities Commission (CPUC or Commission) Decision (D.) 14-03-021, and subject to the requirements of the Mobilehome Park Utility Upgrade Program Rule (MHP Rule<sup>1</sup>), the Commission-regulated electric and natural gas utilities (Utilities) are offering a Mobilehome Park Utility Upgrade Program (MHP Program) to replace existing privately owned master-meter/sub-meter electric and/or gas distribution service within a Mobilehome Park or Manufactured Housing Communities (MHP), to direct Utility service to each individual MHP space within the MHP.

MHP Owners/Operators who are receiving this Application previously submitted the CPUC Form of Intent during the open application period. After reviewing the information you submitted, the CPUC's Safety and Enforcement Division (SED) and/or the California Department of Housing and Community Development (HCD) or its local agency designee has pre-selected your MHP to participate in the MHP Program.

The MHP Owner/Operator must designate below each Utility<sup>2</sup> that currently provides electric and/or natural gas service to the master-meter of the MHP. The designated Utilities will be responsible for the conversion of the existing privately owned master-meter/sub-meter system to direct Utility service, upon acceptance of the MHP into the MHP Program. Under the MHP Program, each Utility will only provide service conversion for the commodity (electricity and/or natural gas) that the Utility currently provides to the MHP. After the completion of the service conversion, the Utility will provide direct service to each individual Mobilehome (MH) space and the MHP common areas. Upon request, the Utility may provide to the MHP a new electric or gas utility service that is not currently being supplied by the Utility, provided that; 1) the Utility offers the requested electric or natural gas service in that territory; 2) a distribution line is located nearby and can be connected safely and economically to the MHP; and 3) the request would be governed by the existing Distribution and Service Extension Rules in the Utility's Tariff and would not be included in the MHP Program.

<u>Electric Service</u>	<u>Natural Gas Service</u>	
<input type="checkbox"/>	N/A	<b>Bear Valley Electric Service</b>
<input type="checkbox"/>	N/A	<b>Liberty Utilities</b> (CalPeco Electric)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Pacific Gas and Electric Company</b>
<input type="checkbox"/>	N/A	<b>Pacific Power</b> , a Division of PacifiCorp
<input type="checkbox"/>	<input type="checkbox"/>	<b>San Diego Gas and Electric Company</b>
<input type="checkbox"/>	N/A	<b>Southern California Edison Company</b>
N/A	<input type="checkbox"/>	<b>Southern California Gas Company</b>
N/A	<input type="checkbox"/>	<b>Southwest Gas Corporation</b>

<sup>1</sup> MHP Rule by Utility  
Bear Valley Electric Service – Rule 23      San Diego Gas and Electric – Rule 44  
Liberty Utilities – Rule 23      Southern California Edison – Rule 27  
Pacific Gas and Electric – Rule 28      Southern California Gas – Rule 44  
Pacific Power – Rule 26      Southwest Gas – Rule 23

<sup>2</sup> Although the singular term "Utility" is used throughout this Application, each of the Utilities designated on this page is considered a party to this Application. The designated Utilities will be coordinating throughout the application and conversion processes. However, it is the sole responsibility of the MHP Owner/Operator to ensure that the information and documentation required by this Application is provided to each of the designated Utilities within the specified timeframes.

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



**MOBILEHOME PARK CONVERSION PROGRAM AGREEMENT (FORM 913.2 11/2014)**



**MOBILEHOME PARK  
UTILITY UPGRADE PROGRAM AGREEMENT**

This Mobilehome Park (MHP) Utility Upgrade Program Agreement (Agreement) is made and entered into by and between \_\_\_\_\_ (MHP Owner/Operator), a \_\_\_\_\_ organized and existing under the laws of the state of \_\_\_\_\_, and Southwest Gas Corporation (Southwest Gas or Utility), wherein Southwest Gas is a corporation organized and existing under the laws of the state of California. From time to time, MHP Owner/Operator and Southwest Gas shall be individually referred to herein as a "Party" and collectively as the "Parties."

**RECITALS**

WHEREAS, Southwest Gas offers a pilot program under the direction of the California Public Utilities Commission (CPUC or Commission) pursuant to Decision (D.) 14-03-021, whereby master-metered/submetered mobilehome parks (MHP) may elect to convert to direct Utility service (MHP Program).

WHEREAS, MHP Owner/Operator desires to convert the master-metered/submetered natural gas system in its MHP to direct service from Southwest Gas under the MHP Program.

**1. General Description of Agreement**

- 1.1. This Agreement is a legally binding contract. The Parties named in this Agreement are bound by the terms set forth herein and otherwise incorporated herein by reference, and the Parties are also bound to the requirements of Rule No. 23 (Mobilehome Park Utility Upgrade Program) of Southwest Gas' California Gas Tariff (Rule No. 23), which this Agreement is intended, in part, to effectuate. This Agreement and Rule No. 23 shall govern the entire private natural gas distribution system servicing the MHP to direct Southwest Gas gas distribution, including all Mobilehome Spaces (MH-Spaces), common areas, permanent buildings, and/or structures that currently have utility service.

Southwest Gas will only convert the MHP's natural gas system.

Please provide the name of the electric utility that provides service to the MHP:

Name of Utility: \_\_\_\_\_

- 1.2. Prior to signing this Agreement, the MHP Owner/Operator would have already submitted the California Public Utility Commission's (CPUC's or Commission's) *Application for Conversion of Master-Meter Service at Mobilehome Park or Manufactured Housing Community to Direct Service from Electric or Gas Corporation*, (Form of Intent), and the *Mobilehome Park Utility Upgrade Program Application* (MHP Application) (Form 913.1), and continues to be bound by the terms set forth in those documents.
- 1.3. The number of MH-Spaces that will be eligible for conversion to direct Utility service under the MHP Program (both "To the Meter" and "Beyond the Meter") shall be equal to the number of occupied residential MH-Spaces permitted by the California Department of Housing and Community Development (HCD) within the MHP that currently receive a discount under the current qualifying mobilehome rate schedule and the number of unoccupied residential MH-Spaces permitted HCD designated on the MHP Application that are currently able to receive gas service from the existing master-meter/submetered system (Legacy System).
- 1.4. The MHP Owner/Operator must provide the following documents with the MHP Agreement: (1) proof that the MHP has a valid operating license from the governmental entity with relevant authority; (2) if the MHP is operated on leased real property, proof that the land lease will continue for a minimum of 20 years from the effective date of this Agreement; and (3) declaration under penalty of perjury/affirmation that the MHP

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**CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION  
(CALIFORNIA & NEVADA) (FORM 913.9 01/2014)**



**SOUTHWEST GAS CORPORATION**

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

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the patient named below. The information provided shall be for the exclusive use of SWG to help ensure that the gas service for the patient will not be wrongfully terminated or interrupted longer than reasonably necessary. This form must be completed and returned to SWG within fifteen (15) days of obtaining the required signatures. This form is valid for the service address listed below. An updated form is required if the person listed on this form moves to a different address, or at the request of SWG.

SWG Customer of Record \_\_\_\_\_

SWG Account No. \_\_\_\_\_ SWG Customer Date of Birth \_\_\_\_\_

**Visite a [www.swgas.com](http://www.swgas.com) o llame (sin cargo) al 1-877-860-6020 para obtener una versión en español.**

**Please Print**

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

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

\_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
*Month and Day Year*

Termination or prolonged interruption of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition.  Yes  No

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

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

\_\_\_\_\_  
*Signature of physician, public health nurse, or social worker*

\_\_\_\_\_  
*Title*

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

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Telephone Number*

**I hereby certify that I have read the above statements and they are correct, and further consent to the use of such information by SWG for the purposes stated herein.**

\_\_\_\_\_  
*Signature of SWG Customer of Record*

\_\_\_\_\_  
*Date Signed*

SOUTHWEST GAS CORPORATION

For more information visit [www.swgas.com/residential/specialprograms](http://www.swgas.com/residential/specialprograms) or call toll free 1-877-860-6020

**Return the signed form to Southwest Gas at:**

**Fax** 1-866-997-9427

**Mail** PO Box 1498, Victorville, CA 92393

**Email** [customerinfo@swgas.com](mailto:customerinfo@swgas.com)

Southwest Gas Corporation does not guarantee the privacy or security of faxed or electronic mail documents. By sending or requesting information be sent via facsimile or electronic mail, you are agreeing to accept any associated risk.

Form 913.9 (01/2014) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 931  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed January 17, 2014  
Effective February 16, 2014  
Resolution No. \_\_\_\_\_

**CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE)  
PROGRAM CUSTOMER AGREEMENT (FORM 913.45 06/2007)**



**SOUTHWEST GAS CORPORATION  
CALIFORNIA LOW-INCOME ENERGY EFFICIENCY (LIEE) PROGRAM  
CUSTOMER AGREEMENT**

**Customer Information**

Name \_\_\_\_\_  
Last First MI

Installation Address \_\_\_\_\_  
Street Unit Number

CA

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Southwest Gas Account Number  -  -

Weatherization     Appliance Repair and/or Replacement     CARE\* Customer

**Head of Household (HOH) Information**

The following information is required to provide statistical data for the California Public Utilities Commission:

Yes	No	Applicant is: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	<input type="checkbox"/>	Ethnic Background (indicate by number) _____
<input type="checkbox"/>	<input type="checkbox"/>	1 White American                      4 Native American
<input type="checkbox"/>	<input type="checkbox"/>	2 Black American                      5 Asian Pacific American
<input type="checkbox"/>	<input type="checkbox"/>	3 Hispanic American                  6 Other
<input type="checkbox"/>	<input type="checkbox"/>	

**Residence Information**

Applicant is  Owner  Renter                      Meter Status  Individual  Master

Residence Type  Single Family     Mobile Home     Condo     Multi-Family     Duplex     Triplex

**Household Members**

	Name	Relationship	Age
HOH			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Total Household Members** \_\_\_\_\_

**Income Source(s)**

TANF/Food Stamps \_\_\_\_\_

SSI/SSP \_\_\_\_\_

Veteran Benefits \_\_\_\_\_

Retirement Benefits \_\_\_\_\_

Wages \_\_\_\_\_

Other \_\_\_\_\_

**Household Income \$** \_\_\_\_\_

**To Be Filled Out By Property Owner**

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form. I also certify that I am the legal owner of this property, and all given statements are true and correct to the best of my knowledge. I further promise that the repair/replacement(s) of the appliance(s) will not be used as justification for increased rental rates (if applicable) for a period of one year after improvements are made.

Legal Property Owner (please print) \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Property Owner Address and Phone Number (if applicable) \_\_\_\_\_

**To Be Filled Out By Tenant**

I certify that I have read, and understand, the Authorization and Waiver information printed on the reverse side of this form and all given statements are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name


\* See reverse for CARE eligibility requirements.

Verified By \_\_\_\_\_  CAPSBC  
Outreach Specialist (print name)                       Other \_\_\_\_\_

Form 913.45 (06/2007) 105 - Front                      Distribution: White - Southwest Gas    Canary - CAPSBC    Pink - Resident    Gold - Property Owner

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

**AUTOMATIC PAYMENT PLAN APPLICATION AND AGREEMENT (FORM 923.0 10/2009)**

 **SOUTHWEST GAS CORPORATION**  
**Sign up for the Automatic Payment Plan**  
Now you can pay your gas bill conveniently and automatically without writing a check or mailing an envelope.

**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 enroll?**  
Any Southwest Gas customer with a valid checking or savings account can enroll.

**How do I enroll?**  
Apply online at [www.swgas.com](http://www.swgas.com) or complete the application on the reverse side and return it to Southwest Gas. Within one or two billing cycles, notice of enrollment will appear on your gas bill. **Please continue to make payments until you receive notice that an automatic payment will be made.**

**The APP application asks for a routing number and an account number. Where do I find them?**

**The 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 a personal check or savings account deposit slip and is located between these symbols **⑆XXXXXXXXX⑆**. If you cannot locate the routing number, your local financial institution will be able to help you.


**The account number:**  
Your account number is located on the bottom of your personal check or savings account deposit slip directly to the right of this symbol **⑆** but does not include your check number. The number of digits in the account number varies among financial institutions.

**Will I still receive a bill from Southwest Gas? How will I know how much will be deducted from my account?**  
Yes, 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. If you prefer not to receive a paper bill in the mail, please visit our Web site at [www.swgas.com](http://www.swgas.com) for paperless billing options.

**Please see reverse side for application.**

**Have you considered enrolling in the Equal Payment Plan (EPP) along with the APP?**  
The EPP is a convenient program for residential customers that distributes annual gas costs into estimated equal monthly payments. Usage is reviewed on a quarterly basis and payments may be adjusted. By enrolling in both programs, you know what your bill will be each month and are assured that it will be paid on time. For more information about the EPP, visit our Web site at [www.swgas.com](http://www.swgas.com) or call (877) 860-6020.

Form 923.0 (10/2009) 320 Front

 **SOUTHWEST GAS CORPORATION**  
**Automatic Payment Plan Application and Agreement**

To enroll in the Automatic Payment Plan, complete this application and return to:  
**SOUTHWEST GAS CORPORATION • PO BOX 1498 • VICTORVILLE CA 92393-9969**  
You may also return this application with your gas bill payment. Within one or two billing cycles, notice of enrollment will appear on your gas bill.  
**Continue to make payments until notice of enrollment appears on your gas bill.**

Please hand print in black ink.

◆

\_\_\_\_\_  
Name (as shown on gas bill)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Southwest Gas account number      Contact phone number

\_\_\_\_\_  
Service address (include apartment or space number)

\_\_\_\_      \_\_\_\_      \_\_\_\_  
City      State      ZIP Code

\_\_\_\_\_  
Name of financial institution

Checking  
 Savings

\_\_\_\_\_  
Name (as shown on checking or savings account)

⑆ \_\_\_\_      ⑆ \_\_\_\_      ⑆ \_\_\_\_  
Routing number (9 digits)      Account number (length varies)

◆

I hereby authorize Southwest Gas and the financial institution designated on this application to charge the account I have specified for payment of my monthly gas bill. I have the right to stop payment of a charge by notifying Southwest Gas no later than three (3) business days before the debit date. I understand that a fee will be charged to my account for each request returned for insufficient funds. If two requests are returned for insufficient funds, I may be excluded from the plan. In addition, I understand that both the financial institution and Southwest Gas reserve the right to terminate this payment plan and/or my participation therein. Should I choose to withdraw from the plan, I will notify Southwest Gas.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Please visit our Web site at [www.swgas.com](http://www.swgas.com) or call (877) 860-6020 if you have questions.

Form 923.0 (10/2009) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

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

Canceling 1st Revised Cal. P.U.C. Sheet No. 304  
Original Cal. P.U.C. Sheet No. 304

HELD FOR FUTURE USE

Advice Letter No. 937  
Decision No. \_\_\_\_\_

Issued by  
Justin Lee Brown  
Vice President

Date Filed April 14, 2014  
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