

GAS MAIN EXTENSION AGREEMENT
(FORM 130.0 1/2005)



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:

<i>Appliance/Equipment</i>	<i>Therms/Year</i>	<i>Allowance</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) 170 Front

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

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



SOUTHWEST GAS CORPORATION

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

GENERAL

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

INDEMNITY

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

INSURANCE

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

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

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

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

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

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

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

LICENSE

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

MATERIAL

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

TOOLS

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

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

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

SERVICE AGREEMENT – CALIFORNIA
(FORM 130.7 6/1999)



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 _____ terms 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.

APPLICANT	SOUTHWEST GAS CORPORATION
_____	_____
By _____	_____
Title _____	_____

Form 130.7 (11/92 - Y2K 06/1999) 170

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

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

**GAS CONTRACT FOR INSTALLATION OF GAS SERVICE
FACILITIES – INGRESS/EGRESS PERMIT
(FORM 334.0 12/2003)**



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

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

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

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

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

Notes: _____

Contract Conditions:

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

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

(Check one)

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

(Check one)

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

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

Form 334.0 (12/2003) 170 -- Word

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

AGREEMENT FOR TRANSFER OF OWNERSHIP OF DISTRIBUTION SYSTEMS
(FORM 336.0 8/1998)



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 this _____ 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;

Form 336.0 (08/98) 105 Page 1

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

Advice Letter No. 730
Decision No. D.05-03-010

Issued by
John P. Hester
Vice President

Date Filed April 29, 2005
Effective April 29, 2005
Resolution No. _____

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



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

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

EXCESS FLOW VALVE DEFINITION

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

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

CUSTOMER RESPONSIBILITIES

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

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

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

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

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

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

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

NON-INTEREST BEARING SALES CONTRACT
(FORM 402.0 5/1997)



NON-INTEREST-BEARING SALES CONTRACT

No. _____

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)		OPERATIONS OR MAINTENANCE/W.O. NUMBERS					
To Be Installed At (address)		ORC(4)	RRC(4)	RLC(3)	Acct/WO#(8)	P/P(4)	C/E(3)
Customer Account Number	Tax Code						
Blanket & Specific W.O. Numbers (for reference only)							
Blanket & Specific W.O. Numbers (for reference only)							
Quantity	Description of Merchandise or Accessories (hereinafter "Property")	Item		Price			
		1a. Total Property		\$			
		b. Freight Charge					
		c. Local Delivery Charge					
		SUBTOTAL		\$			
		d. Sales Tax _____ %					
		e. Labor Charge					
FOR FINANCIAL REPORTING USE ONLY		SUBTOTAL		\$			
ACCOUNT CONTROL KEY							
	ORC(4)	RRC(4)	RLC(3)	Acct/WO#(8)	P/P(4)	C/E(3)	Amount
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 10th of each month beginning on the 10th 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 (i) retain it and all payments in satisfaction of the balance, or (ii) 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)
X			

Form 402.0 (05/1997) 400

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

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

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

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

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

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

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

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

NONDISCLOSURE AGREEMENT
(FORM 835.0 7/1997)



NONDISCLOSURE AGREEMENT

Pursuant to Commission Order Instituting Rulemaking R.97-04-010

(Name of Requestor for Disclosure (Requestor))

has requested copies of confidential and proprietary portions of Southwest Gas Corporation's (the Company's) application/advice letter filed with the California Public Utilities Commission (the Commission) for approval of a contract between the Company and _____

(Name of Entity with Whom the Contract Has Been Executed) ("Proprietary Information").

The Company shall provide Requestor with the Proprietary Information subject to Requestor understanding and accepting the following terms:

1. Requestor shall not disclose the Proprietary Information or any part thereof and, specifically, shall not disclose any of the Proprietary Information in any public filing or forum without first obtaining the Company's prior written consent or a finding by the Commission that the information is no longer deemed proprietary.
2. The Proprietary Information shall remain at all times the exclusive property and trade secret of the Company.
3. Requestor shall treat and protect the Proprietary Information with the same degree of care as it uses to protect its own confidential information, which shall include taking reasonable measures to prevent unauthorized disclosure of the Proprietary Information and restricting access to the Proprietary Information to those employees and consultants who have the need to know for the purpose of considering a response to the Company's application/advice letter.
4. Requestor's obligation hereunder shall not apply to:
 - a. Information which is in the public domain as of the date written below or which later comes into the public domain from a source other than Requestor.
 - b. Information which Requestor has written evidence of knowing prior to receipt of the Proprietary Information.
 - c. Information which comes to Requestor from a bona fide third party source not under an obligation of confidentiality; or,
 - d. Information which the Commission has determined is not confidential and may be disclosed in public proceedings before that agency.
5. Requestor's obligations hereunder shall be for a period of two (2) years from the date written below, which period may be extended for a period of two (2) additional years upon written notice by the Company and delivered to Requestor no earlier than twenty-two (22) months from the date written below.

As a duly authorized representative of the Company or Requestor, I hereby indicate understanding and acceptance of these terms:

SOUTHWEST GAS CORPORATION

REQUESTOR'S NAME

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Form 835.0 (07/97) 105

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

IMBALANCE TRADING REQUEST
(FORM 880.0 5/1994)



- A.** This trade is with a SoCalGas Customer: 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 Customer
 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's imbalance trading program. Imbalance Trading forms must be submitted to Southwest Gas prior to noon on the 18th day of the trading month (or next business day if the 18th falls on a weekend or holiday).

This form must be mailed or faxed to Southwest Gas at the following address:

Southwest Gas Corporation
Gas Supply Department
P.O. Box 98510, LVB-570
Las Vegas, NV 89193-8510
Fax No.: 1-702-873-3820

Form Submitted by _____
Customer
Signature **X** _____ Date Signed _____

Form 880.0 (05/1994) 150

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

UTILITY AUTHORIZATION FOR CORE AGGREGATION TRANSPORTATION SERVICE
(FORM 881.0 7/2004)



SOUTHWEST GAS CORPORATION
UTILITY AUTHORIZATION FOR CORE
AGGREGATION TRANSPORTATION SERVICE

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

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

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

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

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

Check one:

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

Please type or print clearly:

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

Customer or Company Name _____

Address _____

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

By (signature): _____ Title: _____

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

Telephone: _____ Fax: _____

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

Form 881.0 (07/2004) 106 Front

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

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



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

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

SWG Customer of Record _____

SWG Account No. _____ SWG Customer Date of Birth _____

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

Please Print

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

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

_____ on _____, _____
Month and Day *Year*

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

Specify nature of illness or disability condition _____

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

Additional comments _____

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

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

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

Date Signed *Telephone Number*

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

Signature of SWG Customer of Record *Date Signed*

SOUTHWEST GAS CORPORATION DISTRICT OFFICE LOCATIONS

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

Form 913.9 (12/2005) 320 Microsoft Word

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

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

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

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



SOUTHWEST GAS CORPORATION

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

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

Customer Information:

Name _____

Service Address _____
Street City State ZIP Code

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

Telephone No. () _____ Account Number _____

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

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

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

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

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

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

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

Customer Signature _____ Date Signed _____

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

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

Name of Physician _____ Telephone No. _____

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

Registration No. _____

Physician Signature _____ Date Signed _____

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

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

For Company Use Only: Date Received _____ Date Processed _____

Form 913.28 (06/2007) 320 – Microsoft Word

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

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

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

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



SOUTHWEST GAS CORPORATION

CUSTOMER DECLARATION OF ELIGIBILITY FOR BASELINE RATES
(California)

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

Customer Information:

Name _____ Account Number _____

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

Service Address _____
Street City State ZIP Code

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

Please state the number of:

a. occupied dwelling units, apartments, or mobile home spaces with current natural gas service _____

b. occupied units listed above that are submetered _____

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

Customer Signature _____ Date Signed _____

For additional information, please call:

Barstow/Big Bear/Victorville(760) 241-9321 or (800) 443-8093

Needles(800) 748-5539

Tahoe/Truckee.....(800) 832-2555

Form 913.29 (08/2006) 320 Microsoft Word

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

APPLICATION FOR QUALIFIED GROUP LIVING FACILITIES FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM (FORM 913.31 10/2005)



If qualified, homeless shelters, group homes for the disabled/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.

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 Commission's 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 the Utility is submitted and approved that its residents meet the income eligibility requirements and that its services are being provided to benefit eligible residents. Facilities such as student housing/dorms, military barracks, fraternities/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 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 Utility 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 the Utility)	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	Total Number of Residents Who Meet Eligibility Guidelines as Stated Above	2) If Yes, provide name of "motherhood" facility and attach a copy of current "motherhood" license.				
3) Name on Utility Bill: _____						
4) Address of satellite facility(ies): _____						

State the primary purpose of the facility and the services offered: _____

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 the Utility 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 the Utility. Facilities receiving the discount inappropriately will be rebilled at the correct rate.

Form 913.31 (10/2005) 3/20 Front

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

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

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



Instructions

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

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

- Employee Housing** (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state/local agencies pursuant to Part I (commencing with Section 17000) of Division 13.
- Supporting documentation required:
 - Provide a copy of the current permit issued by the State Department of Housing and Community Development.
 - Total energy used must be 100% residential.
- Housing For Agricultural Employees** (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.
- Supporting documentation required:
 - Provide current copy of Federal 501 (c)(3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
 - Total energy used:
 - Master-metered facilities must be 70% residential use.
 - Individually-metered units must be 100% residential use.

APPLICANT'S RESPONSIBILITIES

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

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

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

DISCOUNT

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

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet ALL of the following criteria:

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

ELIGIBLE FACILITIES

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

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

Form 913.36 (06/2007) 320 From Microsoft Word

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
City CA 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
Is English the primary language?
Is applicant 60 years or older?
Is applicant permanently disabled?
Is applicant a Migrant Seasonal Farm Worker?
Applicant is: Male Female
Ethnic Background (indicate by number)
1 White American 4 Native American
2 Black American 5 Asian Pacific American
3 Hispanic American 6 Other

Residence Information

Applicant is Owner Renter Meter Status Individual Master
Residence Type Single Family Mobile Home Condo Multi-Family Duplex Triplex

Household Members

Table with 4 columns: Name, Relationship, Age, HOH. Rows 1-10.

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 Print Name Applicant Signature Date

* See reverse for CARE eligibility requirements

Verified By Outreach Specialist (print name) CAPSBC 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 5/2003)



SOUTHWEST GAS CORPORATION

Sign up for the Automatic Payment Plan

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

What is the Automatic Payment Plan?

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

Who can join the Plan?

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

How do I join APP?

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

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

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

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

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

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

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

What is a routing number?

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

Please see reverse side for application.

Form 923.0 (05/2003) 320 Front

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

Advice Letter No. 730
Decision No. D.05-03-010

Issued by
John P. Hester
Vice President

Date Filed April 29, 2005
Effective April 29, 2005
Resolution No. _____

DEFERRED PAYMENT AGREEMENT (FORM 966.4 09/1998)



**SOUTHWEST GAS CORPORATION
DEFERRED PAYMENT AGREEMENT**

Gas Bill Deposit Bond

Customer Name _____ Account No. _____

Service Address _____ Phone No. _____

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

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

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

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

I have read and understand the above.

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

Customer Signature

Date Signed

Southwest Gas Corporation Approval and Telephone Number

Form 966.4 (09/1998) 002-- Word

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

Advice Letter No. 782
Decision No. _____

Issued by
John P. Hester
Senior Vice President

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