

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



January 21, 2020

Advice Letter 1120-G

Justin Lee Brown
Vice-President/Regulatory Affairs
Southwest Gas Corporation
PO Box 98510
Las Vegas, NV 89193-8510

SUBJECT: Revision of Three Customer Forms with Updated Southwest Gas Customer Assistance Call Center Hours

Dear Mr. Brown:

Advice Letter 1120-G is effective as of January 12, 2020.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph
Deputy Executive Director for Energy and Climate Policy/
Director, Energy Division



SOUTHWEST GAS CORPORATION

December 13, 2019

Advice Letter No. 1120-G

(U 905 G)

Public Utilities Commission of the State of California

Subject: Revision of Three Customer Forms with Updated Southwest Gas Customer Assistance Call Center Hours

Southwest Gas Corporation (Southwest Gas) hereby submits for approval by the California Public Utilities Commission (Commission) revisions to its California Gas Tariff. The tariff sheets being modified as a result of this submission are included on Attachment A.

Purpose

The purpose of this filing is to modify Southwest Gas Customer Assistance Call Center Hours listed on the following customer forms included in Southwest Gas' tariff:

1. 902.4 – Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities
2. 311.14C – Past Due Bill Notice Door Tag
3. 311.10 – Sorry We Missed You Door Tag

In late 2016, Southwest Gas extended its weekday Call Center hours, as well as added call-in availability on Saturdays. However, due to customer call patterns (low volume of calls on Saturdays, for instance), Southwest Gas has determined to modify its weekday Call Center hours from 7:00 a.m. – 7:00 p.m. to 7:00 a.m. – 6:00 p.m. Pacific Standard Time, and eliminate Call Center hours on Saturdays. The adjusted Call Center hours will better match customer call patterns and ensure that Southwest Gas is making the best use of its Call Center resources.

Effective Date

Southwest Gas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2, effective after Energy Division Approval, pursuant to General Order (GO) 96-B. Southwest Gas respectfully requests this Advice Letter be approved January 12, 2020, which is thirty (30) calendar days after the date submitted.



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Protest

Anyone may protest this Advice Letter to the Commission. The protest must state the grounds upon which it is based with specificity. The protest must be sent no later than 20 days after the date of this Advice Letter submission and shall be sent by letter via U.S. Mail, facsimile, or electronically mailed. The address for mailing or delivering a protest to the Commission is:

ATTN: Tariff Unit
Energy Division
California Public Utilities Commission
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102
Email: edtariffunit@cpuc.ca.gov
Facsimile: 415-703-2200

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

Mr. Justin Lee Brown
Senior Vice President/General Counsel
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Email: justin.brown@swgas.com
Facsimile: 702-364-3452

Notice

Pursuant to Energy Industry Rule 3.1(2), Southwest Gas is exempt from the notice requirements set forth in General Rule 4.2 in GO 96-B since this Advice Letter will not increase any rate or charges, cause the withdrawal of service, or conflict with any other schedule or rule.

Service

In accordance with GO 96-B, General Rule 7.2, Southwest Gas is mailing copies of this Advice Letter and related tariff sheets to the utilities and interested parties shown on the attached list.



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Communications regarding this submission should be directed to:

Valerie J. Ontiveroz
Regulatory Manager/California
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-876-7323
Email: valerie.ontiveroz@swgas.com

Respectfully submitted,

SOUTHWEST GAS CORPORATION

By: 
Valerie J. Ontiveroz

Attachments

Distribution List

Advice Letter No. 1120-G

In conformance with GO 96-B, General Rule 4.3

The following individuals or entities have been served by electronic mail:

Elizabeth Echols, Director
Public Advocates Office
elizabeth.echols@cpuc.ca.gov

Pacific Gas & Electric Company
PGETariffs@pge.com

Southern California Gas Company
ROrtiz@SempraUtilities.com

San Diego Gas & Electric Company
SDG&ETariffs@SempraUtilities.com

Belinda Gatti
Energy Division
California Public Utilities Commission
belinda.gatti@cpuc.ca.gov

Robert M. Pocta
Public Advocates Office
California Public Utilities Commission
robert.pocta@cpuc.ca.gov

Nathaniel Skinner
Public Advocates Office
California Public Utilities Commission
nathaniel.skinner@cpuc.ca.gov

Pearlie Sabino
Public Advocates Office
California Public Utilities Commission
pearlie.sabino@cpuc.ca.gov

ATTACHMENT A
Advice Letter No. 1120-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
24th Revised Sheet No. 6	Table of Contents	23rd Revised Sheet No. 6
5th Revised Sheet No. 7	Table of Contents	4th Revised Sheet No. 7
4th Revised Sheet No. 295	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (Form 902.4 – 11/2019)	3rd Revised Sheet No. 295
2nd Revised Sheet No. 311	Past Due Bill Notice Door Tag (Form 311.14C 11/2019)	1st Revised Sheet No. 311
2nd Revised Sheet No. 319	Sorry We Missed You Door Tag (Form 311.10 11/2019)	1st Revised Sheet No. 319

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

Canceling _____ 4th Revised Cal. P.U.C. Sheet No. 295
_____ 3rd Revised Cal. P.U.C. Sheet No. 295

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM FOR QUALIFIED
AGRICULTURAL EMPLOYEE HOUSING FACILITIES (FORM 902.4 - 11/2019)

(See Attached Form)

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 1120
Decision No. _____

Issued by
Justin Lee Brown
Senior Vice President

Date Filed December 13, 2019
Effective _____
Resolution No. _____



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

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.

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.

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.

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 sub-metered units must be 100% residential use.

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 sub-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.

For additional information contact the Southwest Gas office listed below, Monday through Friday, 7 a.m. to 6 p.m. PST (excluding holidays):

Customer Assistance (877) 860-6020

Hearing Impaired 711

Or visit our website at: swgas.com/caassist

Applicant Information – please print

_____	_____		
Name on Southwest Gas bill	Account number for this facility		
_____	_____		
Name of facility (if different than name on Southwest Gas bill)	Facility contact (who to contact if Southwest Gas needs more information)		
Daytime phone () _____	Fax () _____		
_____	_____	_____	_____
Service address	City	State	ZIP Code
_____	_____	_____	_____
Mailing address	City	State	ZIP Code

Type of Facility (check one only)

Please complete a **separate** application for each type of facility.

- Migrant Farmworker Housing Centers**, provided pursuant to Section 50710 of the Health and Safety Code.
- Employee Housing (privately owned)**, as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I of Division 13.
- Housing for Agricultural Employees** (operated by nonprofit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemption from local property taxes pursuant to Subdivision (g) of Section 214 of the Revenue and Taxation Code.

Declaration

By signing this application, I certify under penalty of perjury under the laws of the state of California that the information I have provided is true and accurate.

I have:

- Verified the income eligibility of all residents of the facility or households, pursuant to the Eligibility Criteria for Applicant section of this application, and have the documentation on file.
- Maintained documentation to substantiate the above.
- Verified the facility meets the residential energy usage criteria for each type of facility.

For all facilities:

- Applicant is customer of record Yes No
- Residents and/or households meet the CARE income guidelines pursuant to the Eligibility Criteria For Applicant section of this application Yes No
- I have provided information on how the discount for the coming years will be used to directly benefit the residents..... Yes No
- For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file. (If initial certification, leave blank.)..... Yes No
- I understand Southwest Gas reserves the right to request documentation on the eligibility of the residents and the use of the discount Yes No
- I understand Southwest Gas has the right to rebill me at the applicable rate if appropriate Yes No
- I understand if the facility(ies), or the residents, become(s) ineligible to receive the discount I must notify Southwest Gas within 30 days Yes No

*Discount was used for _____ (If initial certification, leave blank.)

*Discount will be used for _____

*Use a separate sheet if necessary.

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).

Authorized Representative Name (please print or type)

Authorized Representative Title (please print or type)

Authorized Representative Signature

Date Signed

- See Attachment -

For Office Use Only

Received Date

Process Date

Denied Reason

By

Attachment—for individual facilities of the same type. Use a separate sheet and attach if more than four (4) facilities.

Southwest Gas account number(s): _____

Service address _____

Please check:

Type of metering individually sub-metered master-metered

Energy used for residential purposes 100% at least 70%

Total number of residents (exclude on-site manager) _____

Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria for Applicant section of this application:

Yes No

Southwest Gas account number(s): _____

Service address _____

Please check:

Type of metering individually sub-metered master-metered

Energy used for residential purposes 100% at least 70%

Total number of residents (exclude on-site manager) _____

Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria for Applicant section of this application:

Yes No

Southwest Gas account number(s): _____

Service address _____

Please check:

Type of metering individually sub-metered master-metered

Energy used for residential purposes 100% at least 70%

Total number of residents (exclude on-site manager) _____

Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria for Applicant section of this application:

Yes No

Southwest Gas account number(s): _____

Service address _____

Please check:

Type of metering individually sub-metered master-metered

Energy used for residential purposes 100% at least 70%

Total number of residents (exclude on-site manager) _____

Residents/households meet income eligibility criteria pursuant to the Eligibility Criteria for Applicant section of this application:

Yes No

PAST DUE BILL NOTICE DOOR TAG (FORM 311.14C 11/2019)

Customer Address _____

Your gas service has been:

Turned off for non-payment.
 Other _____

To have service restored, call Customer Assistance at:

1-877-860-6020

Monday-Friday 7 a.m. - 6 p.m. PST
excluding holidays
In addition to the gas bill, you will be asked to pay a reconnection fee and a security deposit, if applicable.

Si tiene preguntas, por favor llame (sin cargos)
al **1-877-860-6020**

Date: _____

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

Form 311.14C (11/2019) 320 Front

Customer Address _____

According to our records:

Your gas bill is past due.
 Other _____

To avoid discontinuance of service, call Customer Assistance immediately at


1-877-860-6020

Monday-Friday 7 a.m. - 6 p.m. PST
excluding holidays
Pay free of charge using a checking or savings account at www.swgas.com or by downloading our mobile app.
If service is discontinued, you will be asked to pay the gas bill, a reconnection fee, and a security deposit, if applicable.

Si tiene preguntas, por favor llame (sin cargos)
al **1-877-860-6020**

Date: _____

Do Not Mail Payment

 **SOUTHWEST GAS CORPORATION**
California

Form 311.14C (11/2019) 320 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

SORRY WE MISSED YOU DOOR TAG (FORM 311.10 11/2019)

**SORRY
WE MISSED YOU**

Your GAS service has been turned OFF due to:

- Repairs on Company facilities.
- Unusual usage.
- Gas leak on your piping.
- Report of natural gas odor inside and no one was home.

Our Service Technician stopped by today to:

- Turn on your gas.
- Answer your request for service.
- Make arrangements for required periodic maintenance on your gas meter.

Other _____

By: _____


Date: _____ Time: _____

Please contact our office at (877) 860-6020

.....

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

Monday-Friday 7 a.m.-6 p.m. PST (excluding holidays) After hours or Holidays

 **SOUTHWEST GAS CORPORATION**

Form 311.10 (11/2019) 511 Front

**LAMENTAMOS
NO HABERLE ENCONTRADO**

Su servicio de GAS ha sido DESCONECTADO por:

- Reparaciones en facilidades de la compañía.
- Uso extraordinario.
- Escape de gas en su tubería.
- Reporte de olor a gas natural en su casa sin nadie en casa.

Nuestro técnico de servicio le visitó hoy de acuerdo con una cita fijada para:

- Conectar el gas.
- Responder a su pedido de servicio.
- Hacer arreglos para el mantenimiento periódico requerido en su medidor de gas.

Otra _____

Por: _____


Fecha: _____ Hora: _____

Por favor contacte nuestra oficina en (877) 860-6020

.....

Lamentamos no haber podido completar su pedido de servicio como estaba programado. Por favor llame a nuestra oficina para acordar otra fecha o para restaurar su servicio. Apreciamos contarle entre nuestros clientes y queremos servirle tan rápida y eficazmente como sea posible.

lunes-viernes 7 a.m.-6 p.m. PST Después de horas o días festivos (excluyendo días festivos)

 **SOUTHWEST GAS CORPORATION**

Form 311.10 (11/2019) 511 Reverse

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY



ADVICE LETTER SUMMARY

ENERGY UTILITY



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

Company name/CPUC Utility No.:

Utility type:

ELC GAS WATER
 PLC HEAT

Contact Person:

Phone #:
E-mail:
E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

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

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type: Monthly Quarterly Annual One-Time Other:

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

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

Tariff schedules affected:

Service affected and changes proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss in AL if more space is needed.

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

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name:
Title:
Utility Name:
Address:
City: State:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Name:
Title:
Utility Name:
Address:
City: State:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

ENERGY Advice Letter Keywords

Affiliate	Direct Access	Preliminary Statement
Agreements	Disconnect Service	Procurement
Agriculture	ECAC / Energy Cost Adjustment	Qualifying Facility
Avoided Cost	EOR / Enhanced Oil Recovery	Rebates
Balancing Account	Energy Charge	Refunds
Baseline	Energy Efficiency	Reliability
Bilingual	Establish Service	Re-MAT/Bio-MAT
Billings	Expand Service Area	Revenue Allocation
Bioenergy	Forms	Rule 21
Brokerage Fees	Franchise Fee / User Tax	Rules
CARE	G.O. 131-D	Section 851
CPUC Reimbursement Fee	GRC / General Rate Case	Self Generation
Capacity	Hazardous Waste	Service Area Map
Cogeneration	Increase Rates	Service Outage
Compliance	Interruptible Service	Solar
Conditions of Service	Interutility Transportation	Standby Service
Connection	LIEE / Low-Income Energy Efficiency	Storage
Conservation	LIRA / Low-Income Ratepayer Assistance	Street Lights
Consolidate Tariffs	Late Payment Charge	Surcharges
Contracts	Line Extensions	Tariffs
Core	Memorandum Account	Taxes
Credit	Metered Energy Efficiency	Text Changes
Curtable Service	Metering	Transformer
Customer Charge	Mobile Home Parks	Transition Cost
Customer Owned Generation	Name Change	Transmission Lines
Decrease Rates	Non-Core	Transportation Electrification
Demand Charge	Non-firm Service Contracts	Transportation Rates
Demand Side Fund	Nuclear	Undergrounding
Demand Side Management	Oil Pipelines	Voltage Discount
Demand Side Response	PBR / Performance Based Ratemaking	Wind Power
Deposits	Portfolio	Withdrawal of Service
Depreciation	Power Lines	