

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



Southwest Gas Corporation
GAS (Corp ID 905)
Status of Advice Letter 1127G
As of October 13, 2020

Subject: Revision of the Medical Baseline Program Requirements Pursuant to Senate Bill No 1338 (2018)

Division Assigned: Energy

Date Filed: 02-25-2020

Date to Calendar: 02-28-2020

Authorizing Documents: None

Disposition:	Accepted
Effective Date:	03-26-2020

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

edtariffunit@cpuc.ca.gov

AL Certificate Contact Information:

Valerie J. Ontiveroz

702 876-7323

valerie.ontiveroz@swgas.com

PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco CA 94102-3298



To: Energy Company Filing Advice Letter

From: Energy Division PAL Coordinator

Subject: Your Advice Letter Filing

The Energy Division of the California Public Utilities Commission has processed your recent Advice Letter (AL) filing and is returning an AL status certificate for your records.

The AL status certificate indicates:

- Advice Letter Number
- Name of Filer
- CPUC Corporate ID number of Filer
- Subject of Filing
- Date Filed
- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)
- Effective Date of Filing
- Other Miscellaneous Information (e.g., Resolution, if applicable, etc.)

The Energy Division has made no changes to your copy of the Advice Letter Filing; please review your Advice Letter Filing with the information contained in the AL status certificate, and update your Advice Letter and tariff records accordingly.

All inquiries to the California Public Utilities Commission on the status of your Advice Letter Filing will be answered by Energy Division staff based on the information contained in the Energy Division's PAL database from which the AL status certificate is generated. If you have any questions on this matter please contact the:

Energy Division's Tariff Unit by e-mail to
edtariffunit@cpuc.ca.gov



SOUTHWEST GAS CORPORATION

February 25, 2020

Advice Letter No. 1127-G

(U 905 G)

Public Utilities Commission of the State of California

Subject: Revisions to the Medical Baseline Program Requirements Pursuant to Senate Bill No. 1338 (2018)

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 as Attachment A.

Purpose

The purpose of this Advice Letter submission is to modify Southwest Gas' tariff rate schedules applicable to residential customers and Form 902.1 – *Application for Additional Baseline Allowance for Qualified Medical Conditions* to include revisions to the Medical Baseline Program requirements to also accept the verifications of both nurse practitioners and physician assistants for an additional monthly medical allowance of 25 therms as medically necessary for people with certain medical conditions.

Background

Previous law prohibited a gas or electrical corporation from disconnecting service for nonpayment when (1) the customer or a member of the customer's household has a life-threatening condition or illness, (2) a licensed physician, a person licensed pursuant to the Osteopathic Initiative Act, or a nurse practitioner certifies that gas or electric service is medically necessary to sustain the life of the person or prevent deterioration of the person's medical condition, and (3) the customer is willing to enter into an amortization agreement, as provided.

Signed into law on September 18, 2018, Senate Bill No. 1338 revised (2) above to additionally prohibit disconnecting service where a physician assistant certifies that gas or electric service is medically necessary to sustain the life of the customer or member of the customer's family or to prevent deterioration of that person's medical condition.



Advice Letter No. 1127-G
Page 2
February 25, 2020

Revisions to Southwest Gas Rate Schedules and Tariff Form

Southwest Gas revises the following tariff rate schedules to include nurse practitioners and physician assistants as authorized signers to verify that additional baseline terms are medically necessary for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served on the following schedules:

Schedule Nos. GS-10/GN-10/SLT-10 – Residential Gas Service
Schedule Nos. GS-11 – Residential Air-Conditioning Gas Service
Schedule Nos. GS-12/GN-12/SLT-12 – CARE Residential Gas Service
Schedule Nos. GS-20/GN-20/SLT-20 – Multi-Family Master-Metered Gas Service
Schedule Nos. GS-25/GN-25/SLT-25 – Multi-Family Master-Metered Gas Service –
Submetered

Additionally, Form 902.1 - *Application for Additional Baseline Allowance for Qualified Medical Conditions* is being revised in conformance with the above changes.

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 Disposition) pursuant to General Order (GO) 96-B. Southwest Gas respectfully requests this Advice Letter be approved March 26, 2020, which is thirty (30) days after the date submitted.

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:



Advice Letter No. 1127-G
Page 3
February 25, 2020

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

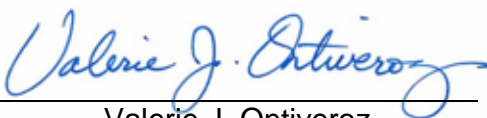
In accordance with GO 96-B, General Rule 7.2, Southwest Gas is mailing copies of this Advice Letter and related tariff sheets to the utilities and interested parties shown on the attached list.

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. 1127-G

In conformance with GO 96-B, General Rule 4.2

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

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. 1127-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
16th Revised Sheet No. 5	Table of Contents	15th Revised Sheet No. 5
1 st Revised Sheet No. 80	Schedule Nos. GS-10/GN-10/SLT-10 – Residential Gas Service	Original Sheet No. 80
1 st Revised Sheet No. 82	Schedule No. GS-11 – Residential Air-Conditioning Gas Service	Original Sheet No. 82
1 st Revised Sheet No. 84	Schedule Nos. GS-12/GN-12/SLT-12 – CARE Residential Gas Service	Original Sheet No. 84
1 st Revised Sheet No. 89	Schedule Nos. GS-20/GN-20/SLT-20 – Multi-Family Master-Metered Gas Service	Original Sheet No. 89
2 nd Revised Sheet No. 92	Schedule Nos. GS-25/GN-25/SLT-25 – Multi-Family Master-Metered Gas Service – Submetered	1 st Revised Sheet No. 92
3 rd Revised Sheet No. 293	Application for Additional Baseline Allowance for Qualified Medical Conditions (Form 902.1 02/2020)	2 nd Revised Sheet No. 293

TABLE OF CONTENTS
(Continued)

FORM NO.	AGREEMENTS, APPLICATIONS & CONTRACTS	CAL P.U.C. SHEET NOS.
130.0	Gas Main Extension Agreement (01/2005)	280
130.5	Relocation of Gas Distribution Facilities Agreement (09/2010)	281
130.6	General Requirements Addendum to Contract for Extension of Gas Line (California) (06/2006)	282
130.7	Service Agreement (California) (11/1992)	283
130.16	Applicant Installation Cost Verification/Statement of Refundable Costs for Applicant Installation (12/2003)	284
130.20	Facility Relocation Agreement (Arizona/California/Nevada) (06/2010)	284.1
914.5	Third Party Notification Program (07/2015)	284.2
334.0	Contract for Installation of Gas Service Facilities—Ingress and Egress Permit (12/2010)	285
336.0	Proposal to Purchase and Agreement for Transfer of Ownership of Distribution Systems (California) (08/1998)	286
402.0	Non-Interest Bearing Sales Contract (05/1997)	287
411.0	Landlord Agreement (12/2014)	288
414.0C	Summary Billing Agreement—California (02/2016)	289
137.0	Electronic Data Interchange Agreement (02/2017)	289.1
415.0	Customer Trench Requirements (06/2003)	290
880.0SCA	Imbalance Trading Request—Southern California (06/2015)	291*
880.0NCA	Imbalance Trading Request—Northern California/South Lake Tahoe (06/2015)	291.1*
881.0	Utility Authorization for Core Aggregation Transportation Service (03/2018)	292
882.0	Credit Application (05/2014)	292.1
902.1	Application for Additional Baseline Allowance for Qualified Medical Conditions (02/2020)	293
902.2	Application for Qualified Nonprofit Group Living Facilities for California Alternate Rates for Energy (CARE) Program (05/2016)	294

Schedule Nos. GS-10/GN-10/SLT-10

RESIDENTIAL GAS SERVICE

(Continued)

RATES *(Continued)*

Upon completion of an application and verification by a state licensed physician, surgeon, osteopath, nurse practitioner or physician assistant, an additional monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance 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.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

Baseline usage quantities are applicable only to separately metered, permanent residential customers. Recreational or vacation home customers shall be billed under Schedule Nos. GS-15/GN-15/SLT-15 of this California Gas Tariff. The Company may require customers to complete and file with it an appropriate Declaration of Eligibility for Baseline Rates.

The Company shall differentiate between permanent and other residential customers on the basis of a service and mailing address analysis.

It is the responsibility of the customer to advise the Company within 15 days of any changes in his (or her) residential status.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

SPECIAL CONDITIONS

Service under this schedule is subject to discontinuance without notice in case of an actual or threatened shortage of natural gas, whether due to insufficient supply or to inadequate transmission or delivery capacity of the facilities of either the Company or its wholesale supplier. The Company will not be liable for damages occasioned by interruption or discontinuance of service supplied under this schedule. Such interruption or discontinuance of service will be made in accordance with Rule No. 20 of this California Gas Tariff.

Schedule No. GS-11

RESIDENTIAL AIR-CONDITIONING GAS SERVICE

(Continued)

RATES (Continued)

Upon completion of an application and verification by a state licensed physician, surgeon, osteopath, nurse practitioner or physician assistant, an additional Tier I winter season monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons and multiple sclerosis/scleroderma patients who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance 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.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

This schedule is applicable only to separately metered, permanent residential customers. Recreational or vacation home customers shall be billed under Schedule No. GS-15. The Company may require customers to complete and file with it an appropriate Declaration of Eligibility for Baseline Rates.

The Company shall differentiate between permanent and other residential customers on the basis of a service and mailing address analysis.

It is the responsibility of the customer to advise the Company within 15 days of any changes in his (or her) residential status.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

SPECIAL CONDITIONS

Service under this schedule is subject to discontinuance without notice in case of an actual or threatened shortage of natural gas, whether due to insufficient supply or to inadequate transmission or delivery capacity of the facilities of either the Company or its wholesale supplier. The Company will not be liable for damages occasioned by interruption or discontinuance of service supplied under this schedule. Such interruption or discontinuance of service will be made in accordance with Rule No. 20 of this California Gas Tariff.

Schedule Nos. GS-12/GN-12/SLT-12

CARE RESIDENTIAL GAS SERVICE

(Continued)

RATES *(Continued)*

Upon completion of an application and verification by a state licensed physician, surgeon, osteopath, nurse practitioner or physician assistant, an additional monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance 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.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

Baseline usage quantities are applicable only to separately metered, permanent residential customers. Recreational or vacation home customers shall be billed under Schedule Nos. GS-15/GN-15/SLT-15 of this California Gas Tariff. The Company may require customers to complete and file with it an appropriate Declaration of Eligibility for Baseline Rates.

The Company shall differentiate between permanent and other residential customers on the basis of a service and mailing address analysis.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

Schedule Nos. GS-20/GN-20/SLT-20

MULTI-FAMILY MASTER-METERED GAS SERVICE

(Continued)

RATES *(Continued)*

Upon completion of an application and verification by a state licensed physician, surgeon, osteopath, nurse practitioner or physician assistant, an additional monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance 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.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

For billing purposes, the baseline quantity shall be determined by multiplying the allowable baseline quantity per residential unit by the number of qualifying residential units.

CARE Program Discount:

If an individual submetered tenant of a multi-family master-metered customer meets the eligibility criteria established in Schedule Nos. GS-12/GN-12/SLT-12 of this California Gas Tariff, the tenant shall be eligible for the CARE discount.

For billing purposes, the Company will bill the master-metered customer the discounted rate for the number of eligible submetered tenants. It is the responsibility of master-metered customers to pass the CARE discount to the eligible tenant and to notify the Company when the submetered tenant moves. Recertification of eligibility will be required every two years and whenever a submetered tenant moves.

Minimum Charge:

The minimum charge per meter per month is the basic service charge.

Schedule Nos. GS-25/GN-25/SLT-25

MULTI-FAMILY MASTER-METERED GAS SERVICE – SUBMETERED
(Continued)

RATES (Continued)

The baseline daily quantity in therms per residential unit are:

Climate Zone	Summer Season (May – October)	Winter Season (November – April)
Barstow	.39	1.71
Needles	.26	0.79
Victorville	.46	1.78
	Summer Season (June – September)	Winter Season (October – May)
Big Bear	.53	2.37
North Lake Tahoe	.66	2.63
South Lake Tahoe	.66	2.83
Truckee	.66	2.70

For billing purposes all quantities sold each month in excess of the baseline quantities shall be billed at the Tier II rate.

Upon completion of an application and verification by a state licensed physician, surgeon, osteopath, nurse practitioner, or physician assistant, an additional monthly medical allowance of 25 therms will be provided for hemiplegic/paraplegic/quadruplegic persons, multiple sclerosis/scleroderma patients and persons who are being treated for a life-threatening illness and have a compromised immune system who are full-time residents in a household served under this schedule.

If the customer qualifying for the standard medical allowance can demonstrate to the Company's satisfaction that the 25-therm allowance 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.

The number of therms shall be determined in accordance with the provisions of Rule No. 2C of this California Gas Tariff.

For billing purposes, the baseline quantity shall be determined by multiplying the allowable baseline quantity per residential unit by the number of qualifying residential units.

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

Canceling 3rd Revised Cal. P.U.C. Sheet No. 293
2nd Revised Cal. P.U.C. Sheet No. 293

APPLICATION FOR ADDITIONAL BASELINE ALLOWANCE
FOR QUALIFIED MEDICAL CONDITIONS (FORM 902.1 02/2020)

(See Attached Form)

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 1127
Decision No. _____

Issued by
Justin Lee Brown
Senior Vice President

Date Filed February 25, 2020
Effective _____
Resolution No. _____



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 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 medical practitioner (physician, surgeon, osteopath, nurse practitioner or physician assistant) 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 state licensed medical practitioner 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 Medical Practitioner _____ Telephone No. _____

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

License No. _____

Medical Practitioner Signature _____ Date Signed _____

For more information visit 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

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 _____



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	