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



Southwest Gas Corporation GAS (Corp ID 905) Status of Advice Letter 1259G As of May 31, 2023

Subject: Annual adjustment of income guidelines for CARE and ESA Programs.

Division Assigned: Energy

Date Filed: 05-01-2023

Date to Calendar: 05-10-2023

Authorizing Documents: D1208044

Disposition: Accepted

Effective Date: 06-01-2023

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Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)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

May 1, 2023

Advice Letter No. 1259-G

(U 905 G)

Public Utilities Commission of the State of California

<u>Subject</u>: Annual adjustment of income guidelines for California Alternative Rates for Energy and Energy Savings Assistance Programs eligibility.

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 listed on Attachment A.

Purpose

The purpose of this submission is to comply with the Energy Division's March 22, 2023, "Notice to update the income guidelines to Investor Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) Programs to update the income guidelines" (Energy Division Notice). The Notice directs utilities to update the income guidelines for the CARE and ESA Programs in accordance with Public Utility Code §739.1(a). The revised income guidelines are effective from June 1, 2023 through May 31, 2024, for all new CARE and ESA Program enrollments, as well as CARE post enrollment verifications and recertifications.

Modifications to CARE Program Forms

Pursuant to the Energy Division Notice, Southwest Gas updated the income guidelines on its CARE Program Forms 902.6 (standard CARE Program application) and 902.16 (CARE Program application applicable to Master-Meter Tenants).

This Advice Letter will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedule or rule.

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 that the tariff sheets submitted herein be approved effective May 1, 2023, which is thirty (30) days after



Advice Letter No. 1259-G Page 2 May 1, 2023

submission. The revised income guidelines are effective June 1, 2023 pursuant to the Energy Division Notice.

Protest

Anyone may protest this Advice Letter to the Commission's Energy Division. The protest must state the grounds upon which it is based with specificity and must be sent no later than 20 days after the date of this Advice Letter submission. Protests are to be submitted electronically to the Commission's Energy Division at:

Email: edtariffunit@cpuc.ca.gov

In addition, protests and all other correspondence regarding this Advice Letter should be sent electronically to:

Ms. Valerie J. Ontiveroz Regulatory Manager/California

Email: valerie.ontiveroz@swgas.com

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 is submitted in accordance with the Energy Division Notice dated March 11, 2022.

Service

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

Respectfully submitted,

SOUTHWEST GAS CORPORATION

Valerie I Ontivero

Attachments

Distribution List

Advice Letter No. 1259-G

In conformance with GO 96-B, General Rule 4.3

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

Matt Baker, Director Public Advocates Office Matt.Baker@cpuc.ca.gov

Pacific Gas & Electric Company PGETariffs@pge.com

Southern California Gas Company GLenart@socalgas.com
Tariffs@socalgas.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

Scott Blaising blaising@braunlegal.com

Jim Mosher copperbeechllc@gmail.com

Kevin Johnston KVNJ@yahoo.com

ATTACHMENT A Advice Letter No. 1259-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
37th Revised Sheet No. 6	Table of Contents (Continued)	36th Revised Sheet No. 6
15th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	14th Revised Sheet No. 85
14th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	13th Revised Sheet No. 94
17th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 04/2023)	16th Revised Sheet No. 296
17th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (FORM 902.16 – 04/2023)	16th Revised Sheet No. 298

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

37th Revised Cal. P.U.C. Sheet No. 6
36th Revised Cal. P.U.C. Sheet No. 6

TABLE OF CONTENT	<u>S</u>			
(Continued)				

Canceling

(Continued)						
FORM NO.	AGREEMENTS, APPLICATIONS & CONTRACTS	CAL. P.U.C. SHEET NOS.				
902.4	Application for California Alternate Rates for Energy (CARE) Program for Qualified Agricultural Employee Housing Facilities (11/2020)	295				
902.6	Application for California Alternate Rates for Energy (CARE) 296 Program (New and Recertification) (04/2023)					
902.15	Customer Declaration of Eligibility for Baseline Rates (California) (11/2020)	297				
902.16	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (04/2023)	298	Т			
	Held for Future Use	299				
912.0	California Micro-Business Declaration (11/2020)	300				
913.1	Mobilehome Park Utility Conversion Program Application (06/2021)	300.1				
913.2	Mobilehome Park Utility Conversion Program Agreement 300.2 (09/2021)					
913.9	Certification of Health and/or Disability Condition (11/2020) 301					
923.0	Automatic Payment Plan Application and Agreement 302 (09/2020)					
	Held for Future Use	303/304				
	BILLS AND INVOICES	-				
860.4	Invoice/Statement (04/1991)	305				
925.0	Remittance Return (03/2010)	306				
927.0	Customer Bill (12/2022)	307				
	Held for Future Use	307.1				
936.0	Excess Service Statement (08/2008)	308				
	Held for Future Use	309				

		Issued by	Date Filed	May 1, 2023
Advice Letter No.	1259	Amy L. Timperley	Effective	
Decision No		Chief Regulatory Officer	Resolution No	

Las Vegas, Nevada 89193-8510 California Gas Tariff _____<u>15th Revised</u> Cal. P.U.C. Sheet No. __ Canceling ____<u>14th Revised</u> Cal. P.U.C. Sheet No. __

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

<u>CARE RESIDENTIAL GAS SERVICE</u> (Continued)

SPECIAL CONDITIONS

- 1. An approved CARE application and declaration of eligibility form is required from each customer for service under this schedule.
- 2. To qualify for service under this schedule, a customer can meet either of the following two eligibility requirements:
 - a. <u>Categorical Eligibility</u> One or more people in a household participate in any of the following public assistance programs: Medicaid/Medi-Cal (age 65 and over); Medicaid/Medi-Cal (age 65 and under); Medi-Cal for Families A&B (Healthy Families A&B); Supplemental Security Income (SSI); CalFresh/SNAP (Food Stamps); Head Start Income Eligible (Tribal Only); Bureau of Indian Affairs General Assistance; Women, Infants, and Children (WIC); National School Lunch Program (NSLP); or CalWORKS (TANF) or Tribal TANF.
 - b. <u>Income Eligibility</u> The total gross annual income, both taxable and nontaxable, from all sources for all persons in the applicant's household may not exceed the income limits shown below.

These income limits are effective from June 1, 2023 through May 31, 2024.

Number of Persons in Household	Total Gross Annual Income
1 - 2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101.280

For households with more than eight persons, add \$10,280 annually for each additional person residing in the household. The above income levels are subject to change annually by the Commission.

3. A person who is claimed as a dependent on another person's income tax return is not eligible for service under this schedule.

		Issued by	Date Filed	May 1, 2023
Advice Letter No.	1259	Amy L. Timperley	Effective	
Decision No		Chief Regulatory Officer	Resolution No	

Canceling 14th Revised C

Cal. P.U.C. Sheet No. _ Cal. P.U.C. Sheet No. _

<u>94</u> 94

C

Schedule Nos. GS-35/GN-35/SLT-35

AGRICULTURAL EMPLOYEE HOUSING AND NONPROFIT GROUP LIVING FACILITY GAS SERVICE

APPLICABILITY

California Gas Tariff

Applicable to gas service for nonprofit group living facilities, as defined in Rule No. 1 of this California Gas Tariff, where a minimum of 70 percent of the gas consumed under this schedule is for residential purposes, and to qualified migrant housing centers; privately-owned employee housing; or agricultural employee housing operated by nonprofit organizations.

TERRITORY

Throughout the Company's certificated California service areas, except as may hereafter be provided.

<u>RATES</u>

The commodity charges and basic service charge are set forth in the currently-effective Statement of Rates of this California Gas Tariff and are incorporated herein by reference.

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

Minimum Charge:

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

SPECIAL CONDITIONS

A. NONPROFIT GROUP LIVING FACILITIES

1. To be eligible for service under this schedule, the total gross annual income, both taxable and nontaxable, from all sources for each resident residing in the nonprofit group living facility may not exceed the Commission's CARE program eligibility income level shown below for a single-person household, and each resident may not be claimed as a dependent on another person's income tax return.

Household Size	Total Gross Annual Income		
1 – 2	\$39,440		

The above income limit is effective from June 1, 2023 through May 31, 2024.

	Issued by	Date FiledMay 1, 2023	
Advice Letter No. 1259	Amy L. Timperley	Effective	
Decision No.	Vice President	Resolution No.	

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

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY
(CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 04/2023)

(See Attached Form)

Date Filed May 1, 2023
Effective Resolution No.

Τ

Application for California Alternate Rates for Energy (CARE) Program

Get a discount on your gas bill!

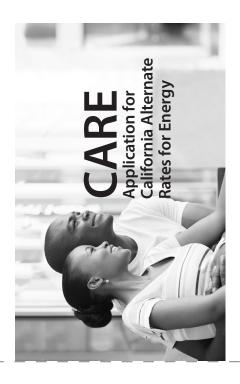
CARE provides a 20% discount on your gas bill every month for income-qualified customers. This discount is available for your primary residence only. The Southwest Gas bill must be in your name. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

There are 2 ways to qu								
1. Public Assistance Pro		•	te(s) in an	y of the fo	llowing pr	rograms,	please select the program(s) below:
☐ Medicaid/Medi-Cal (age	65 and over)	□с	alFresh/SN	AP (Food S	tamps)		National School Lunch Progra	ım (NSLP)
☐ Medicaid/Medi-Cal (und	ler age 65)	□н	ead Start Ir	ncome Elig	ible (Tribal (Only)	Low Income Home Energy As	sistance
☐ Medi-Cal for Families A& Families A&B)	B (Healthy		ureau of In	dian Affairs	General		Program (LIHEAP)] CalWORKS (TANF) or Tribal TA	NF
Supplemental Security I	ncome (SSI)	\square_{W}	/omen, Infa	ents, and Cl	nildren (WIC	C)		
size. You do not need to th <u>e section above.</u>	complete thi	s section if y	ou qualify — —	through	an eligible — — –	Public Ás — —	our household income and ho sistance Program and have co	
CA		_		t s (effectiv	_	023 throi	igh May 31, 2024)	
Number of persons living in my home	1-2	3	4	5	6	7	8	
living in my home	\$39,440	\$49,720 \$,	,	,		0 \$101,120	
		For each a	dditional	person, ac	ld \$10,280).		
	Total co	ombined gro	ss annual	household	l income (f	from ALL	sources)	
The definition of "greexpenses from all soulive in your home.	oss (before t urces, both to	axes) hous axable and	ehold inc nontaxab	come" is a ble, before	all money deductio	and no	ncash benefits available fo ding expenses, for all peop	living le who
Please provide your tot and select all income s	tal combined ources that ap	gross annua oply.	al househo	old income	, provide t	he numb	er of persons living in your ho	ousehold,
Total combined gros	s annual house	hold income	:	N	umber of pe	ersons livii	g in my household:	
					+		_	
\$,	00	per year				- Children	Total	
Wages or profit from se	elf-employmer		Social Sec	urity/SSDI/	SSI/SSP		Cash and/or other incom	<u>e</u> — —
Scholarships/grants/aidexpenses	d used for livin	g 🗆	TANF				Pensions	
☐ Disability or Workers' Co	ompensation		Unemploy	ment ben	efits		☐ Rental/Royalty Income	
payments Interest/Dividends fron bonds, or retirement ac		cks,	Insurance	or Legal Se	ettlements		Spousal or Child Support	
	Entire appli	ication mu	st be com	pleted an	d signed.	Please ¡	orint clearly.	
Your name	e (as shown on S	outhwest Gas	bill)					
Your home	/ gas service ad	dress (include	apartment	or space nu	mb er)			
City						State	ZIP Code	
					-	-		
 Southwest	Gas account nu	ımber		Contact pho	ne number			
]							
16				:				
ir you have	e been provided	a source code,	, piease ente	i it above.				
I certify that the info	ormation I ha	ave provide	ed in this	application	on is true :	and cor	ect. I understand that Sou	thwest
							proof of eligibilty, if asked.	

Gas reserves the right to verify my household eligibility and I agree to provide proof of eligibility, if asked. I agree to inform Southwest Gas within 30 days if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Signature Date





• Get a DISCOUNT on your gas bill and SAVE MONEY!
• Check inside to see if you qualify.
Enrolling is easy!



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ATTN: CARE SOUTHWEST GAS CORPORATION PO BOX 1498 VICTORVILLE CA 92393-1498

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV



Visit swgas.com/CARE to complete this application online and to access Spanish, large-type and master-meter tenant forms.

Visite swgas.com/CARE para completar esta solicitud sobre el internet y para acceder a los formularios para inquilinos en español, de letra grande y de medidor maestro.

For more information call:

Customer Solutions(877) 860-6020

Hearing Impaired......711

OTHER ASSISTANCE PROGRAMS AND SERVICES

Whether you own or rent your residence, the **Energy Savings Assistance Program** is a great way to increase the energy efficiency of your home. It provides income-qualified customers with money-saving improvements at no cost.

EPP Billing - Your monthly bill will be averaged out to allow you to budget your energy costs and eliminate big payment swings.

Medical Baseline - If you depend on life-support or other equipment due to medical needs, you may be eligible for additional energy at the lowest price through the Medical Baseline Program.

Low Income Home Energy Assistance Program (LIHEAP) - If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development (866) 675-6623.

Universal Lifeline Telephone Service (ULTS) - Get discounted telephone access when you meet similar income guidelines as the CARE Program. To learn more, contact your local phone service provider.

Visit swgas.com/caassist to learn more about these helpful programs and services.

California Customers

California Consumer Privacy Act ("CCPA") - NOTICE AT COLLECTION

Under the CCPA, Southwest Gas is required to notify you of the personal information we collect about you and why we collect it. This notice applies solely to customers, users, and others who reside in the state of California. A list of the categories of personal information we may collect about you and how we use such information can be found in our CCPA Privacy Policy on our website at https://www.swgas.com/ccpa.

SOUTHWEST GAS CORPORATION P.O. Box 98510

Las Vegas, Nevada 89193-8510 California Gas Tariff Canceling 17th Revised Cal. P.U.C. Sheet No. 298
Canceling Cal. P.U.C. Sheet No. 298

<u> </u>	
CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 04/202	23)
(See Attached Form)	
leaved by Date Filed May 1, 2023	

CARE Program Application for Submetered Master-Meter Tenants

Get a discount on your gas bill!CARE provides a 20% discount on your monthly gas bill for income-qualified submetered master-meter tenants. You may not be claimed as a dependent on another person's income tax return other than your spouse's. You will need to renew your application every two years or when requested by Southwest Gas.

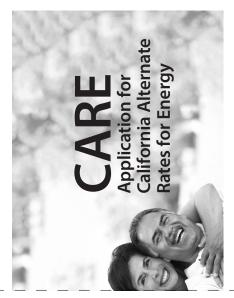
There are 2 ways to qua	alify!							
1. Public Assistance Prog If you or someone in you	_		te(s) in any	of the follo	wing progr	ams, please	e select the pr	ogram(s) below
☐ Medicaid/Medi-Cal (age 6	55 and over)		CalFresh/SNA	P (Food Star	mps)	□Natio	onal School Lun	ch Program (NSLI
☐ Medicaid/Medi-Cal (unde	r age 65)	Пн	Head Start Inc	come Eligibl	e (Tribal Onl			Energy Assistance
☐ Medi-Cal for Families A&B Families A&B)	(Healthy		Bureau of Ind Assistance	ian Affairs G	eneral		ram (LIHEAP) /ORKS (TANF) o	r Tribal TANF
Supplemental Security Inc	come (SSI)	□/	Women, Infar	nts, and Chli	dren (WIC)			
2. Income Eligibility You can also qualify for Cosize. You do not need to cothe section above. CAR	complete th	is section if	you qualify	through an	eligible Pub	olic Assistan		
Number of persons	1-2	3	\$60,000	5	6	7	8	
living in my home	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	
The deficiency of the control of		mbined gro	additional բ ss annual ho	ousehold in	come (from		,	li da a
The definition of "gross (b from all sources, both taxa	able and no	ntaxable, b	ld income" before dedu	is all mone ctions, incl	ey and non- uding expe	cash benef enses, for al	its available fo I people who	or living expens live in your hom
Please provide your total co and select all income sourc	ombined groes that appl	oss annual ł y.	nousehold ir	ncome, prov	vide the nur	nber of pers	sons living in y	our household,
Total combined g	ross annual h	ousehold inc	ome:		N	lumber of pe	rsons living in m	y household:
\$.00	per year				Adults + Chi	= lildren Total	
☐Wages or profit from sel	f-employme	nt [Social Secu	urity/SSDI/SS	SI/SSP		Cash and/or ot	her income
Scholarships/grants/aid expenses	used for livi	ng [TANF				Pensions	
☐ Disability or Workers' Co	mpensation	[Unemploy	ment benef	its		Rental/Royalty	Income
Interest/Dividends from bonds, or retirement acc		cks, [Insurance	or Legal Sett	lements		Spousal or chil	d support
E TENANT INFORMATIO		cation mu	st be comp	leted and	signed. Ple	ase print c	learly.	
Your name								
Home address - include	apartment or	space numbe	r					
City		State		le	Contact pl	hone number		
FACILITY LANDLORD (OK MANAGEK	INFORMATIC	ON .			1		
Facility name					Contact pl	hone number		
Facility address								
City						State	ZIP code	

I certify that the information I have provided in this application is true and correct. I understand the energy bill from my landlord must be in my name. I understand that I will receive the discount from my landlord or manager beginning with the first regular billing after Southwest Gas notifies my landlord or manager that my completed application has been processed and approved. I understand that Southwest Gas reserves the right to verify my eligibility and I agree to provide proof of eligibility, if asked. I agree to inform Southwest Gas within 30 days if I no longer qualify to receive the CARE discount. I understand that if I receive the CARE discount without meeting the qualifications I may be required to pay back the CARE discount I received. I understand that Southwest Gas can share my information with other utilities or their agents to enroll me in their assistance programs.

Date

If you have been provided a source code, please enter it above.





Program Application for MASTER-METER TENANTS

and Check inside to see if you qualify, on your gas bill **Get a DISCOUNT Enrolling is easy** SAVE MONEY!



հվիդնիինակարարդուինիակարհրդերիինիկի

VICTORVILLE CA 92393-1498 PO BOX 1498 SOUTHWEST GAS CORPORATION ATTN: CARE



POSTAGE WILL BE PAID BY ADDRESSEE

IRST-CLASS MAIL PERMIT NO. 478 LAS VEGA BUSINESS REPLY MAIL



Visit swgas.com/CARE to complete this application online and to access Spanish, large-type and residential customer forms.

Visite swgas.com/CARE para completar esta solicitud sobre el internet y para acceder a los formularios para inquilinos en español, de letra grande y de clientes residenciales.

For more information call:

Customer Solutions Hearing Impaired.....

Tenants: To qualify for a rate discount through your facility landlord or manager, submetered tenants must meet these qualifications:

- Submetered tenants do not receive a gas bill from Southwest Gas.
- Submetered tenants receive gas service and a gas bill from their facility landlord or manager.

Other Assistance Programs You May Qualify For:

Whether you own or rent your residence, the **Energy Savings Assistance Program** is a great way to increase the energy efficiency of your home. It provides income-qualified customers with money-saving improvements at no cost.

Low Income Home Energy Assistance Program (LIHEAP) - If you spend a high percentage of your income on energy bills, you may be eligible to receive financial assistance and weatherproofing services through this program administered by the California Department of Community Services and Development 866.675.6623.

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California Public Utilities Commission

ADVICE LETTER UMMARY



LIVEROTOTIETT						
MUST BE COMPLETED BY UT	ILITY (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 WATER = Water	(Date Submitted / Received Stamp by CPUC)					
Advice Letter (AL) #:	Tier Designation:					
Subject of AL:						
Keywords (choose from CPUC listing):						
AL Type: Monthly Quarterly Annu-						
if AL submitted in compliance with a Commissi	on order, indicate relevant Decision/Resolution #:					
Does AL replace a withdrawn or rejected AL?	f so, identify the prior AL:					
Summarize differences between the AL and th	e 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 proposed ^{1:}						
Pending advice letters that revise the same tariff sheets:						

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: