

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



**Southwest Gas Corporation**  
**GAS (Corp ID 905)**  
**Status of Advice Letter 1296G**  
**As of June 4, 2024**

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

Division Assigned: Energy

Date Filed: 05-02-2024

Date to Calendar: 05-10-2024

Authorizing Documents: D1208044

<b>Disposition:</b>	<b>Accepted</b>
<b>Effective Date:</b>	<b>06-01-2024</b>

Resolution Required: No

Resolution Number: None

Commission Meeting Date: None

CPUC Contact Information:

[edtariffunit@cpuc.ca.gov](mailto:edtariffunit@cpuc.ca.gov)

AL Certificate Contact Information:

Valerie J. Ontiveroz

702 876-7323

[valerie.ontiveroz@swgas.com](mailto: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- Disposition of Filing (Accepted, Rejected, Withdrawn, etc.)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](mailto:edtariffunit@cpuc.ca.gov)**



# **SOUTHWEST GAS CORPORATION**

May 2, 2024

**Advice Letter No. 1296-G**

(U 905 G)

Public Utilities Commission of the State of California

**Subject: 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 April 15, 2024, "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, 2024 through May 31, 2025, for all new CARE and ESA Program enrollments, as well as CARE post enrollment verifications and recertifications.

**Modifications to Tariff Rate Schedules and CARE Program Forms**

Pursuant to the Energy Division Notice, Southwest Gas updated the income guidelines on 1) Schedule Nos. GS-12/GN-12/SLT-12 – CARE Residential Gas Service; 2) Schedule Nos. GS-35/GN-35/SLT-35 – Agriculture Employee Housing and Nonprofit Group Living Facility Gas Service; and 3) CARE Program Forms 902.6 (standard CARE Program application) and 902.16 (CARE Program application applicable to Submetered 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



Advice Letter No. 1296-G  
Page 2  
May 2, 2024

General Order (GO) 96-B. Southwest Gas respectfully requests that the tariff sheets submitted herein be approved effective June 1, 2024, which is thirty (30) days after submission. The revised income guidelines are effective June 1, 2024 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](mailto: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](mailto:valerie.ontiveroz@swgas.com)  
[regserve@swgas.com](mailto:regserve@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 April 15, 2024.

### **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

By:   
Valerie J. Ontiveroz

Attachments

**Distribution List**

Advice Letter No. 1296-G

In conformance with GO 96-B, General Rule 4.3

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

Linda Serizawa, Interim Director  
Public Advocates Office  
[Linda.Serizawa@cpuc.ca.gov](mailto:Linda.Serizawa@cpuc.ca.gov).

Pacific Gas & Electric Company  
[PGETariffs@pge.com](mailto:PGETariffs@pge.com)

Southern California Gas Company  
[GLenart@socalgas.com](mailto:GLenart@socalgas.com)  
Tariffs@socalgas.com

San Diego Gas & Electric Company  
[SDG&ETariffs@SempraUtilities.com](mailto:SDG&ETariffs@SempraUtilities.com)

Robert M. Pocta  
Public Advocates Office  
California Public Utilities Commission  
[robert.pocta@cpuc.ca.gov](mailto:robert.pocta@cpuc.ca.gov)

Nathaniel Skinner  
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California Public Utilities Commission  
[nathaniel.skinner@cpuc.ca.gov](mailto:nathaniel.skinner@cpuc.ca.gov)

Scott Blaising  
[blaising@braunlegal.com](mailto:blaising@braunlegal.com)

Jim Mosher  
[copperbeechllc@gmail.com](mailto:copperbeechllc@gmail.com)

ATTACHMENT A  
Advice Letter No. 1296-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
39th Revised Sheet No. 6	Table of Contents (Continued)	38th Revised Sheet No. 6
16th Revised Sheet No. 85	Schedule Nos. GS-12/GN-12/SLT-12 - CARE Residential Gas Service (Continued)	15th Revised Sheet No. 85
15th Revised Sheet No. 94	Schedule Nos. GS-35/GN-35/SLT-35 - Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	14th Revised Sheet No. 94
18th Revised Sheet No. 296	Application for California Alternate Rates for Energy (CARE) Program (New and Recertification) (FORM 902.6 – 04/2024)	17th Revised Sheet No. 296
18th Revised Sheet No. 298	CARE Program Application for Tenants of Submetered Residential Facilities (New and Recertification) (FORM 902.16 – 04/2024)	17th Revised Sheet No. 298

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

CARE RESIDENTIAL GAS SERVICE  
(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. Categorical Eligibility - 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. Income Eligibility - 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, 2024 through May 31, 2025.

<u>Number of Persons in Household</u>	<u>Total Gross Annual Income</u>
1 - 2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

For households with more than eight persons, add \$10,760 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.



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

AGRICULTURAL EMPLOYEE HOUSING AND  
NONPROFIT GROUP LIVING FACILITY GAS SERVICE

APPLICABILITY

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.

RATES

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.

<u>Household Size</u>	<u>Total Gross Annual Income</u>
1 – 2	\$40,880

The above income limit is effective from June 1, 2024 through May 31, 2025.

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

Canceling 18th Revised Cal. P.U.C. Sheet No. 296  
17th Revised Cal. P.U.C. Sheet No. 296

APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY  
(CARE) PROGRAM (NEW AND RECERTIFICATION) (FORM 902.6 - 04/2024)

(See Attached Form)

Advice Letter No. 1296  
Decision No. \_\_\_\_\_

Issued by  
Amy L. Timperley  
Chief Regulatory Officer

Date Filed May 2, 2024  
Effective \_\_\_\_\_  
Resolution No. \_\_\_\_\_

# 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 qualify!

### 1. Public Assistance Program Eligibility

If you or someone in your household participate(s) in any of the following programs, please select the program(s) below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)              | <input type="checkbox"/> CalFresh/SNAP (Food Stamps)                 | <input type="checkbox"/> National School Lunch Program (NSLP)               |
| <input type="checkbox"/> Medicaid/Medi-Cal (under age 65)                 | <input type="checkbox"/> Head Start Income Eligible (Tribal Only)    | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medi-Cal for Families A&B (Healthy Families A&B) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> CalWORKS (TANF) or Tribal TANF                     |
| <input type="checkbox"/> Supplemental Security Income (SSI)               | <input type="checkbox"/> Women, Infants, and Children (WIC)          |   |

### 2. Income Eligibility

You can also qualify for CARE if you meet the income guideline qualifications based on your household income and household size. You do not need to complete this section if you qualify through an eligible Public Assistance Program and have completed the section above.

#### CARE Program Income Requirements (effective June 1, 2024 through May 31, 2025)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

For each additional person, add \$10,760.

#### Total combined gross annual household income (from ALL sources)

The definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

Please provide your total combined gross annual household income, provide the number of persons living in your household, and select all income sources that apply.

**Total combined gross annual household income:**

\$   ,    .   per year

**Number of persons living in my household:**

+   =    
 Adults + Children Total

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wages or profit from self-employment                                    | <input type="checkbox"/> Social Security/SSDI/SSI/SSP   | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Scholarships/grants/aid used for living expenses                        | <input type="checkbox"/> TANF                           | <input type="checkbox"/> Pensions                 |
| <input type="checkbox"/> Disability or Workers' Compensation payments                            | <input type="checkbox"/> Unemployment benefits          | <input type="checkbox"/> Rental/Royalty Income    |
| <input type="checkbox"/> Interest/Dividends from: savings, stocks, bonds, or retirement accounts | <input type="checkbox"/> Insurance or Legal Settlements | <input type="checkbox"/> Spousal or Child Support |

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

Your name (as shown on Southwest Gas bill)

Your home / gas service address (include apartment or space number)

City

State

ZIP Code

-  -

Southwest Gas account number

Contact phone number

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

I certify that the information I have provided in this application is true and correct. I understand that Southwest 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!



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

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

BUSINESS REPLY MAIL  
 FIRST-CLASS MAIL PERMIT NO. 478 LAS VEGAS NV  
 POSTAGE WILL BE PAID BY ADDRESSEE



Visit [swgas.com/CARE](http://swgas.com/CARE) to complete this application online and to access Spanish, large-type and master-meter tenant forms.

Visite [swgas.com/CARE](http://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](http://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 \_\_\_\_\_ 18th Revised Cal. P.U.C. Sheet No. 298  
\_\_\_\_\_ 17th Revised Cal. P.U.C. Sheet No. 298

CARE PROGRAM APPLICATION FOR TENANTS OF SUBMETERED  
RESIDENTIAL FACILITIES (NEW AND RECERTIFICATION) (FORM 902.16 - 04/2024)

(See Attached Form)

Advice Letter No. 1296  
Decision No. \_\_\_\_\_

Issued by  
Amy L. Timperley  
Chief Regulatory Officer

Date Filed May 2, 2024  
Effective \_\_\_\_\_  
Resolution No. \_\_\_\_\_

Please moisten and seal. Do not use tape. Do not staple.

# 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 qualify!

### 1. Public Assistance Program Eligibility

If you or someone in your household participate(s) in any of the following programs, please select the program(s) below:

- Medicaid/Medi-Cal (age 65 and over)
- CalFresh/SNAP (Food Stamps)
- National School Lunch Program (NSLP)
- Medicaid/Medi-Cal (under age 65)
- Head Start Income Eligible (Tribal Only)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medi-Cal for Families A&B (Healthy Families A&B)
- Bureau of Indian Affairs General Assistance
- CalWORKS (TANF) or Tribal TANF
- Supplemental Security Income (SSI)
- Women, Infants, and Children (WIC)

### 2. Income Eligibility

You can also qualify for CARE if you meet the income guideline qualifications based on your household income and household size. You do not need to complete this section if you qualify through an eligible Public Assistance Program and have completed the section above.

#### CARE Program Income Requirements (effective June 1, 2024 through May 31, 2025)

Number of persons living in my home	1-2	3	4	5	6	7	8
	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

**For each additional person, add \$10,760.**  
**Total combined gross annual household income (from ALL sources)**

The definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in your home.

Please provide your total combined gross annual household income, provide the number of persons living in your household, and select all income sources that apply.

**Total combined gross annual household income:**

\$    ,    .   per year

**Number of persons living in my household:**

=     
Adults + Children Total

- Wages or profit from self-employment
- Social Security/SSDI/SSI/SSP
- Cash and/or other income
- Scholarships/grants/aid used for living expenses
- TANF
- Pensions
- Disability or Workers' Compensation payments
- Unemployment benefits
- Rental/Royalty Income
- Interest/Dividends from: savings, stocks, bonds, or retirement accounts
- Insurance or Legal Settlements
- Spousal or child support

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

### TENANT INFORMATION

Your name

Home address - include apartment or space number

City

State

ZIP code

-  -

Contact phone number

### FACILITY LANDLORD OR MANAGER INFORMATION

Facility name

-  -

Contact phone number

Facility address

City

State

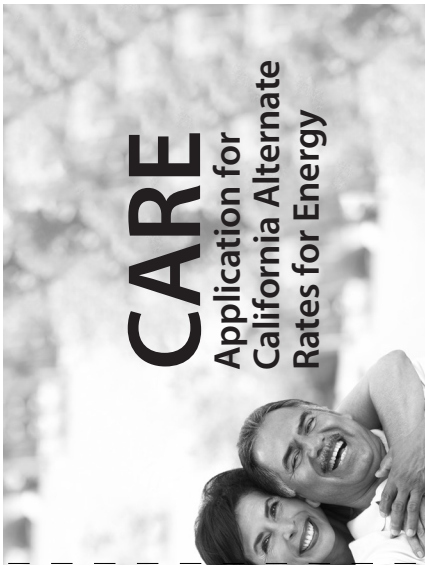
ZIP code

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

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.

Signature

Date



Program Application for MASTER-METER TENANTS

Get a **DISCOUNT** on your gas bill and **SAVE MONEY!**

Check inside to see if you qualify. Enrolling is easy!



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



Visit [swgas.com/CARE](http://swgas.com/CARE) to complete this application online and to access Spanish, large-type and residential customer forms.

Visite [swgas.com/CARE](http://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 ..... (877) 860-6020

Hearing Impaired ..... 711

**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.

**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](http://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>.



# 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 proposed<sup>1</sup>:

Pending advice letters that revise the same tariff sheets:

<sup>1</sup>Discuss 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](mailto: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: