PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE SAN FRANCISCO, CA 94102-3298



December 3, 2012

Advice Letter 902-G

Don Soderberg, Vice-President/Pricing Southwest Gas Corporation P O Box 98510 Las Vegas, NV 89193-8510

Subject: To update Forms 913.9, 913.8, and 913.10 to reflect a new mailing address

Dear Mr. Soderberg:

Advice Letter 902-G is effective October 29, 2012.

Sincerely,
Ledword Ramboph

Edward F. Randolph, Director

Energy Division



Donald L. Soderberg, Vice President/Pricing

October 29, 2012

ATTN: Honesto Gatchalian Tariff Unit, Energy Division California Public Utilities Commission 505 Van Ness Avenue, Room 4005 San Francisco, CA 94102

Subject:

Southwest Gas Corporation (U 905 G)

Advice Letter No. 902

Dear Mr. Gatchalian:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 902, together with California Gas Tariff Sheet Nos. 6, 7, 301, 314, and 315.

Sincerely

Donald L. Soderberg

DLS:kt Enclosures

October 29, 2012

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest Gas or the Company) (U 905 G) tenders herewith for filing the following tariff sheets:

	California Gas Tariff	
Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal.P.U.C.Sheet No.
3rd Revised Sheet No. 6	Table of Contents (Continued)	2nd Revised Sheet No. 6
1st Revised Sheet No. 7	Table of Contents (Continued)	Original Sheet No. 7
1st Revised Sheet No. 301	Certification of Health and/or Disab Condition (California & Nevada) (Form 913.9 10/2012)	ility Original Sheet No. 301
1st Revised Sheet No. 314	Disconnect Notice – California (Form 913.8 10/2012)	Original Sheet No. 314
1st Revised Sheet No. 315	Final Notice – California (Form 913.10 10/2012)	Original Sheet No. 315

Purpose

The purpose of filing is to update Form No. 913.9 – Certification of Health and/or Disability Condition, Form No. 913.8 – Disconnect Notice – California, and Form No. 913.10 – Final Notice - California in Southwest Gas' California Gas Tariff. These forms have been revised to reflect a new mailing address in Big Bear, California.

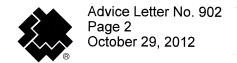
Effective Date

Southwest Gas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 1 (effective pending disposition). Southwest Gas respectfully requests that this Advice Letter be made effective October 29, 2012, which is the date of this filing.

Protest

Anyone wishing to protest this filing may do so by sending a letter within 20 days of the filing. The protest should set forth the grounds upon which it is based and should be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed or faxed to:

Investigation, Monitoring & Compliance Program Manager California Public Utilities Commission, Energy Division 505 Van Ness Avenue, Room 4002 San Francisco, CA 94102 Facsimile: 415-703-2200



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

Mr. John P. Hester, Senior Vice President Regulatory Affairs and Energy Resources Southwest Gas Corporation P.O. Box 98510 Las Vegas, Nevada 89193-8510 Facsimile: 702-876-7037

Notice

Southwest Gas believes noticing requirements set forth in General Rule 4.2 of GO 96-B are not applicable since this filing will not increase any rate or charge, cause the withdrawal of service, or conflict with any other schedules or rules.

Service

In accordance with General Order 96-B, General Rule 4.3, 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 filing should be directed to:

Ed Gieseking
Director/Pricing and Tariffs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510
Telephone: 702-364-3271

E-mail: ed.gieseking@swgas.com

Debra S. Gallo Director/Government and State Regulatory Affairs Southwest Gas Corporation P.O. Box 98510 Las Vegas, NV 89193-8510

Telephone: 702-876-7163 E-mail: debra.gallo@swgas.com

Respectfully submitted.

SOUTHWEST GAS CORPORATION

Donald L. Soderberg

Attachments

DISTRIBUTION LIST

Advice Letter No. 902

In Conformance with General Order 96-B, General Rule 4.3

Southern California Edison Company

Pacific Gas & Electric Company

Sierra Pacific Power Company

San Diego Gas & Electric Company

Southern California Gas Company

Southern California Water Company

Duane Morris, LLP

Director/Division of Ratepayer Advocates

Las Vegas, Nevada 89193-8510 California Gas Tariff 3rd RevisedCal. P.U.C. Sheet No.6Canceling2nd RevisedCal. P.U.C. Sheet No.6

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Decision No.		Senior Vice President	Resolution No)

Canceling ______1st Revised Cal. P.U.C. Sheet No. _____
Canceling _____ Original Cal. P.U.C. Sheet No. _____

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Decision No.		Senior Vice President	Resolution No.	

1st Revised Cal. P.U.C. Sheet No. _

Canceling

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

CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION (CALIFORNIA & NEVADA) (FORM 913.9 10/2012)

•	4

California Gas Tariff

SOUTHWEST GAS CORPORATION

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

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the

SWG Customer of	of Record			
SWG Account N			irth	
P	or favor, llame a su oficina local de Sou	thwest Gas para obtener una v	ersión en español.	
Please Print				
This is to certify	that			
	Patient's Last Name	First Name	MI Date o	f Birtl
s the customer	of record or a permanent resident at			
	Serv	ice Address		
		on	and Day ,	
		Month	and Day	Year
ermination of g isability conditi	as service would be especially dangerous	to the above-named individual be	ecause of a health and/or	
•				
pecify nature of	f illness or disability condition			
ls condition per	manent? Yes No If no,	expected recovery date		
Additional com	ments			
Name and title of a	ttending physician, public health nurse, or social w	orker (please print)		
Name and title of a	ttending physician, public health nurse, or social w	orker (please print)		
	ttending physician, public health nurse, or social w ian, public health nurse, or social worker	orker (please print) Title		
	-			
Signature of physic	-	Title		
Signature of physic	ian, public health nurse, or social worker	Title		
Signature of physic Name of medical or	ian, public health nurse, or social worker	Title		
Signature of physic Name of medical or Date Signed	ian, public health nurse, or social worker other facility where service is rendered (please pri	Title nt) Telephone Number		
Signature of physic Name of medical or Date Signed	ian, public health nurse, or social worker	Title nt) Telephone Number		
Signature of physic Name of medical or Date Signed	ian, public health nurse, or social worker other facility where service is rendered (please pri	Title nt) Telephone Number		
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Signature of physic Name of medical or Date Signed I hereby certify	ian, public health nurse, or social worker other facility where service is rendered (please pro y that I have read the above statements a	Title Telephone Number and they are correct.		
Signature of physic Name of medical or Date Signed I hereby certify	ian, public health nurse, or social worker other facility where service is rendered (please pro y that I have read the above statements and the source of Record SOUTHWEST GAS CORPORA	Title Telephone Number and they are correct. Date Sign		
Signature of physic Name of medical or Date Signed I hereby certify	ian, public health nurse, or social worker other facility where service is rendered (please pro y that I have read the above statements and the source of Record SOUTHWEST GAS CORPORA	Title Telephone Number and they are correct. Date Sign.		
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Signature of physic Name of medical or Date Signed I hereby certify Signature of Si Big Bear Lak Bullhead City Carson City,	ian, public health nurse, or social worker other facility where service is rendered (please provided in the provided in the service is rendered (please provided in the provi	Title Telephone Number and they are correct. Date Sign FION DISTRICT OFFICE LOCATION 10 (877) 860-6020 Incline Village, NV	ONS 218 Incline Court 6040 Badura Ave., Ste 11 10682 Pioneer Trail	0
Signature of physic Name of medical or Date Signed I hereby certify Signature of Signature o	ian, public health nurse, or social worker other facility where service is rendered (please pro y that I have read the above statements of SOUTHWEST GAS CORPORA' Toll Free se, CA 140 Business Center Drive y, AZ 1705 Langford Drive	Title Telephone Number and they are correct. Date Sign FION DISTRICT OFFICE LOCATION 10 (877) 860-6020 Incline Village, NV	ONS 218 Incline Court 6040 Badura Ave., Ste 11 10682 Pioneer Trail	

Form 913.9 (10/2012) 320 Microsoft Word

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No	902	
Decision No.		

Issued by John P. Hester Senior Vice President

Date Filed	October 29, 2012
Effective	October 29, 2012
Resolution No	

Τ

Canceling

1st Revised Cal. P.U.C. Sheet No. ___

Original Cal. P.U.C. Sheet No. ___

DISCONNECT NOTICE — CALIFORNIA (FORM 913.8 10/2012)

SOUTHWEST GAS DISTRICT OFFICE LOCATIONS

Toll Free (877) 860-6020

Big Bear Lake - 140 Business Center Drive

Bullhead City, AZ - 1705 Langford Drive

Incline Village, NV - 218 Incline Court

Truckee - 10682 Pioneer Trail

Victorville - 13471 Mariposa Road

CALIFORNIA PUBLIC UTILITIES COMMISSION LOCATION

Consumer Affairs Branch 505 Van Ness Avenue, Room 2003 San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

E-mail:

www.cpuc.ca.gov

CALIFORNIA

The balance forward on your gas bill is past due.

Your gas service will be turned off unless payment is received at Southwest Gas by the "Due on or before" date shown on your Disconnect Notice bill.

Please telephone your local office immediately if:

the balance forward amount has already been paid, -or-

you have questions about your gas bill.

> For more information on all our payment options, visit www.swgas.com

Porfavor, lame a su oficina local de Southwest Gas para obtener una versión en español.

Form 913.8 (10/2012) 320 Side 1

GENERAL INFORMATION

Bills - The monthly blil is due and payable upon presentation and becomes past due if not paid by the "Due on or before" date on your bill.

Payment Arrangements - If you are unable to pay your gas bill in full, please call your local Southwest Gas office at the telephone number shown at the top of your bill. We will work with you to establish a reasonable schedule for payment of your bill. Your service could be disconnected if you do not notify us that you need assistance.

Special Services - If you or any permanent resident of your household is seriously ill, elderly or disabled, there are programs available to you by contacting your local Southwest Gas business office. Some of the other services available are:

- Equal Payment Plan (to even out your billings over 12 months)
- Automatic Payment Plan (for automatic bill payment through your financial institution)
- Pay Stations (call your local Southwest Gas office for the pay station nearest you)
- Western Union® Speedpay® (to pay by ATM/ debit/credit card or electronic check, call (866) 263-5188 toll free) or log on to www.swgas.com

Third Party Notification - This program is available to all residential oustomers and provides special benefits to the ill, elderly or disabled, as well as customers who are out of town for extended periods of time. It was designed to give notification to a third party (any person or public agency) who is willing to receive a copy of the customer's Disconnect Notice bill. The third party would notify the customer that prompt action is necessary to prevent discontinuance of service. Notification does not obligate the third party to pay the bill.

Disputed Bills - Please refer to the "NOTICE TO SOUTHWEST GAS CORPORATION (SWG) CUSTOMERS" section, for your state, located on the back of your bill.

Returned Items - If your payment is returned to us as uncollectible for any reason, you will be asked to pay your bill with cash, money order, or cashier's check. In addition, you will be assessed a returned Item fee

Turning Your Service Back On - in order for us to turn gas on that was disconnected for nonpayment, we must receive:

- the past due amount of your bill plus rate charges;
- a deposit equal to two times the estimated highest monthly bill;
- a non-refundable reestablishment charge

Requests for service are scheduled on a first-come, first-served basis. Contact your local Southwest Gas office for scheduling

Form 913.8 (10/2012) 320 Side 2

Payment Assistance Agencies - The following are agencies or organizations that are available to assist you if you are unable to pay your gas bills. A call to your local Southwest Gas office will provide the name of any agency or organization that is not listed.

Southern California

San Remardino County Community Services Department 686 East Mill Street San Bernardino, CA 92408 (909) 885-1219 (800) 635-4618

Northern California

-FI Dorado County: 937 Spring Road Placerville, CA 95667 (530) 621-6150

Nevada County: Nevada County Department of Housing (530) 265-1340

Placer County: Home Energy Assistance Program (888) 524-5705

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 902 Decision No.

Issued by John P. Hester Senior Vice President

October 29, 2012 October 29, 2012 Date Filed Effective Resolution No.

Τ

Canceling

1st Revised Cal. P.U.C. Sheet No. 315 Original Cal. P.U.C. Sheet No. 315

FINAL NOTICE — CALIFORNIA (FORM 913.10 10/2012)

SOUTHWEST GAS DISTRICT OFFICE LOCATIONS

Toll Free (877) 860-6020

Big Bear Lake - 140 Business Center Drive

Bullhead City, AZ - 1705 Langford Drive

Incline Village, NV - 218 Incline Court

Truckee - 10682 Pioneer Trail

Victorville - 13471 Manposa Road

CALIFORNIA PUBLIC UTILITIES COMMISSION LOCATION

Consumer Affairs Branch 505 Van Ness Avenue, Room 2003 San Francisco, CA 94102

(800) 649-7570

Hearing Impaired: 711

6-mail

www.cpuc.ca.gov



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Your gas service will
Note turned off unless
payment is received at
A Southwest Gas by the
"Due on or before"
date shown on your
Disconnect Notice bill.

Mailed payments may be received too late to avoid turn-off.

Please telephone your local office immediately if:

the balance forward amount has already been paid, -or-

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Form 913.10 (10/2012) 320 Side 1

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Form 913.10 (10/2012) 320 Side 2

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Southern California

San Bernardino County:
Community Services Department
686 East Mill Street
San Bernardino, CA 92408
(909) 885-1219
(800) 635-4618

Northern California

El Dorado County: 937 Spring Road Placerville, CA 95667 (530) 621-5150

Nevada County.
Nevada County Department of Housing (530) 265-1340

Placer County_ Home Energy Assistance Program (888) 524-5705

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 902

Decision No. Se

Issued by John P. Hester Senior Vice President Date Filed October 29, 2012
Effective October 29, 2012
Resolution No.

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