

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



June 27, 2008

Advice Letter 799

John P. Hester, Sr. Vice-President
Regulatory Affairs and Energy Resources
Southwest Gas Corporation
P O Box 98510
Las Vegas, NV 89193-8510

Subject: Annual Adjustment of Income Criteria for CARE
Program Eligibility

Dear Mr. Hester:

Advice Letter 799 is effective June 1, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean H. Gallagher".

Sean H. Gallagher, Director
Energy Division

STATE

MAY 19 2008

RECEIVED
ENERGY DIVISION

ENCL
PLEASE STAMP AND RETURN IN
THE ENCLOSED POSTAGE-PAID
SELF-ADDRESSED ENVELOPE



REGULATORY AFFAIRS
SOUTHWEST GAS CORPORATION

MAY 14 PM 3:01

Roger C. Montgomery, Vice President/Pricing

May 13, 2008

California Public Utilities Commission
Energy Division
Attention: Sean Gallagher, Director
505 Van Ness Avenue, Room 4004
San Francisco, CA 94102

Subject: Southwest Gas Corporation (U 905 G)
Advice Letter 799

Dear Mr. Gallagher:

Enclosed herewith are five (5) copies of Southwest Gas Corporation's Advice Letter No. 799, together with: 1) California Gas Tariff Sheets Nos. 6638-G through 6644-G; and 2) California - South Lake Tahoe Gas Tariff Sheets Nos. 5, 32, 37 and 199.

Sincerely,

Roger C. Montgomery

RCM:tl
Enclosures



SOUTHWEST GAS CORPORATION

Advice Letter No. 799

May 13, 2008

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

Southwest Gas Corporation (Southwest) (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.
6638-G	Schedule No. GS-12/GN-12 CARE Residential Gas Service	6467-G
6639-G	Schedule No. GS-35/GN-35 Agricultural Employee Housing and Nonprofit Group Living Facility Gas Service	6468-G
6640-G	Application For California Alternate Rates For Energy (CARE) Program (Form 902.6 05/2008)	6469-G
6641-G	Table of Contents (<i>Continued</i>)	6635-G
6642-G	Table of Contents (<i>Continued</i>)	6471-G
6643-G	Table of Contents (<i>Continued</i>)	6515-G*
6644-G	Table of Contents	6637-G

California – South Lake Tahoe Gas Tariff

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Fifth Revised Sheet No. 5	Table of Contents (<i>Continued</i>)	Fourth Revised Sheet No. 5*
Fourth Revised Sheet No. 32	Schedule No. GLT-212 Limited Income Residential Natural Gas Service	Third Revised Sheet No. 32
Fourth Revised Sheet No. 37	Schedule No. GLT-222 Limited Income General Natural Gas Service	Third Revised Sheet No. 37
Fourth Revised Sheet No. 199	Application For California Alternate Rates For Energy (CARE) Program (Form 902.6 05/2008)	Third Revised Sheet No. 199



Advice Letter No. 799
Page 2
May 13, 2008

Purpose

The purpose of this filing is to comply with the Commission Resolution E-3524 and April 22, 2008 notice from the Energy Division. The notice directs all energy utilities to revise their respective tariffs to reflect the Commission's annual adjustment of income criteria for CARE Program eligibility.

Please note that Southwest has re-titled its CARE Program application by removing the word 'Notice.' As such, the form will now be referred to *Application for California Alternate Rates for Energy (CARE) Program*. Southwest has also changed the form number on the application from 913.30 to 902.6 to allow for an expanded range of internal company form numbers related to low-income programs.

Effective Date

Southwest respectfully requests that the tariff sheets submitted herewith be made effective June 1, 2008, pursuant to Resolution E-3524 and the April 22, 2008 Energy Division notice.

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 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

Pursuant to Resolution E-4111, Southwest is exempt from the noticing requirements set forth in General Rule 4.2 in General Order 96-B since this advice letter is filed in accordance with Resolution E-3524 and the April 22, 2008 Energy Division notice to reflect the annual adjustment to the CARE Program income eligibility requirements, as cited above.



Advice Letter No. 799
Page 3
May 13, 2008

Notice

Pursuant to Resolution E-4111, Southwest is exempt from the noticing requirements set forth in General Rule 4.2 in General Order 96-B since this advice letter is filed in accordance with previously authorized procedures to implement monthly or weekly revisions to commodity or other rates. As noted above, Southwest was authorized in Advice Letter No. 626 to make its monthly gas cost adjustment effective between the first and seventh calendar day of each month.

Service

In accordance with General Order 96-A, Section III, Paragraph G, Southwest is mailing 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 *Roger C. Montgomery*
Roger C. Montgomery

Attachments

DISTRIBUTION LIST

Advice Letter No. 799

In Conformance with G.O. 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

R. Thomas Beach

Duane Morris, LLP

Director/Division of Ratepayer Advocates

Schedule No. GS-12/GN-12

CARE RESIDENTIAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS

- To be eligible for service under this schedule, 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.

<u>Number of Persons In Household</u>	<u>Total Gross Annual Income</u>
1 or 2	\$ 30,500
3	35,800
4	43,200
5	50,600
6	58,000

For households with more than six persons, add \$7,400 annually for each additional person residing in the household.

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

An approved application and declaration of eligibility form is required from each customer for service under this schedule. Recertification will be required every two years and whenever a customer moves.

Service under this schedule is for residential purposes at only one residential location at any one time and is applicable only to a customer's permanent primary residence.

- Eligible customers shall be billed on this schedule commencing with the next regularly scheduled billing period after receipt and approval of application by the Company.
- Eligibility information provided by the customer on the application form may be subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request of the Company, shall result in removal from this schedule.

Schedule No. GS-35/GN-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, 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 gas service areas in its Southern and Northern California Divisions, 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.

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 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>Total Gross Annual Income</u>
Each Resident	\$ 30,500

**APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY (CARE) PROGRAM (FORM 902.6 05/2008)**



**SOUTHWEST GAS CORPORATION
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.

Review the chart below, and if you think you may qualify, complete and return this application.

CARE Program Income Requirements

Maximum Household Income: (effective June 1, 2008 through May 31, 2009)

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000
	<i>For each additional person, add \$7,400.</i>				

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. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your income.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Pensions | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |
| | | <input type="checkbox"/> TANF (AFDC) | |

Total combined annual household income:

\$,

See Maximum Household Income listed above.

Number of persons living in my household:

+ =

Adults Children Total

Qualification for the CARE Program is based on your household income and household size.

CARE RATE APPLICATION

Source Code (Southwest Gas Use Only) **S W G C - 7 0 0 0**

I certify:

- The Southwest Gas bill is in my name.
- I understand Southwest Gas reserves the right to verify my household's income.
- I am not claimed on another person's income tax return.
- I will renew my application every two years or when requested by Southwest Gas.

Entire application must be completed and signed.

PLEASE PRINT CLEARLY

Your name

Your home address (include apartment or space number)

City

State

ZIP Code

- -

Southwest Gas account number

Contact phone number

Mailing address (if different from home address)

City

State

ZIP Code

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas 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.

Customer Signature

Date

Form 902.6 (05/2008) 320 Front
Do not use tape

Please moisten and seal

Do not staple

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

Advice Letter No. 799
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed May 13, 2008
Effective June 1, 2008
Resolution No. E-3524

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130.16	Applicant Installation Cost Verification/ Statement of Refundable Costs for Applicant Installation (12/2003)	5791-G*
334.0	Gas Contract for Installation of Gas Service Facilities–Ingress/Egress Permit (12/2003)	6492-G
336.0	Agreement for Transfer of Ownership of Distribution Systems (08/1998)	5512-G
337.0	Excess Flow Valve Customer Notification For New and Replacement Service Lines (08/2006)	6493-G
402.0	Non-Interest Bearing Sales Contract (05/1997)	5514-G
415.0	Customer Trench Requirements (06/2003)	6494-G
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Advice Letter No. 799
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed May 13, 2008
Effective June 1, 2008
Resolution No. E-3524

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Advice Letter No. 799
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John P. Hester
Senior Vice President

Date Filed May 13, 2008
Effective June 1, 2008
Resolution No. E-3524

Schedule No. GLT-212

LIMITED INCOME
RESIDENTIAL NATURAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

4. Limited Income Household (Limited Income Residence)

A Limited Income Household is a household where the total annual gross income from all sources is no more than what is shown on the table below based on the number of persons in the household. Total annual gross income shall include income of all persons from all sources, both taxable and nontaxable, and shall be no more than:

<u>No. of Persons In Household</u>	<u>Total Annual Gross Income</u>
1 or 2	\$30,500
3	35,800
4	43,200
5	50,600
6	58,000

For each additional person, add \$7,400.

5. Non-Profit Group Living Facilities (facilities with six [6] or less beds) – Eligibility Criteria

In order for the customer to be considered a qualified non-profit group living facility, each of the following conditions must be met:

- A. The facility must certify that it is operated by a corporation that has received a letter of determination by the Internal Revenue Service stating the corporation is tax-exempt due to its not-for-profit status under the Internal Revenue Code Section 501(c)(3).
- B. The facility must be either a homeless shelter, transitional housing (e.g., for drug rehabilitation, a half-way house, etc.), a short- or long-term care facility (hospice, nursing homes, seniors' or children's homes), or a group home for physically or mentally disabled persons.

With the exception of homeless shelters, all facilities must certify that 100% of the residents (excluding caregiver) of the facility meet the California Alternate Rates for Energy eligibility standard for a single-person household. A single-person household is eligible for California Alternate Rates for Energy if the total gross annual income from all sources, both taxable and non-taxable, is not greater than \$30,500.

Schedule No. GLT-222

LIMITED INCOME
GENERAL NATURAL GAS SERVICE
(Continued)

SPECIAL CONDITIONS (Continued)

2. Eligible facilities shall begin receiving the California Alternate Rates for Energy no more than one billing period after receipt and approval of its application by the Company.
3. Information provided by the applicant is subject to verification by the Company. Refusal or failure of a customer to provide documentation of eligibility acceptable to the Company, upon request by the Company, shall result in the denial or termination of service under this rate schedule.
4. Customers who wrongfully declare eligibility or fail to notify the Company when they no longer meet the eligibility requirements may be rebilled for the period of ineligibility under their otherwise applicable rate schedule.
5. It is the responsibility of the Customer to notify the Company within 30 days of any changes in the Customer's eligibility status.
6. Non-Profit Group Living Facilities (facilities with seven [7] or more beds)

A. Eligibility Criteria

In order for the customer to be considered a qualified non-profit group living facility, each of the following conditions must be met:

- i) The facility must certify that it is operated by a corporation that has received a letter of determination by the Internal Revenue Service stating the corporation is tax-exempt due to its not-for-profit status under the Internal Revenue Code Section 501 (c)(3).
- ii) The facility must be either a homeless shelter, transitional housing (e.g., for drug rehabilitation, a half-way house, etc.), a short- or long-term care facility (hospice, nursing homes, seniors' or children's homes), or a group home for physically or mentally disabled persons.
- iii) With the exception of homeless shelters, all facilities must certify that 100% of the residents (excluding caregiver) of the facility meet the California Alternate Rates for Energy eligibility standard for a single-person household. A single-person household is eligible for California Alternate Rates for Energy if the total gross annual income from all sources, both taxable and non-taxable, is not greater than \$30,500.

Advice Letter No. 799
Decision No. _____

Issued by
John P. Hester
Senior Vice President

Date Filed May 13, 2008
Effective June 1, 2008
Resolution No. E-3524

C

**APPLICATION FOR CALIFORNIA
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM
(FORM 902.6 05/2008)**



**SOUTHWEST GAS CORPORATION
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.

Review the chart below, and if you think you may qualify, complete and return this application.

CARE Program Income Requirements

Maximum Household Income: (effective June 1, 2008 through May 31, 2009)

Number of persons living in my home	1 or 2	3	4	5	6
Total combined annual income (from ALL sources)	\$30,500	\$35,800	\$43,200	\$50,600	\$58,000

For each additional person, add \$7,400.

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. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your income.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Interest or dividends from: savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Pensions | <input type="checkbox"/> Spousal support |
| <input type="checkbox"/> Rental or royalty income | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Gifts |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |
| | | <input type="checkbox"/> TANF (AFDC) | |

Total combined annual household income:

\$,

Number of persons living in my household:

+ =

Adults Children Total

See Maximum Household Income listed above.

Qualification for the CARE Program is based on your household income and household size.

CARE RATE APPLICATION

Source Code (Southwest Gas Use Only) **S W G C - 7 0 0 0**

I certify:

- The Southwest Gas bill is in my name.
- I understand Southwest Gas reserves the right to verify my household's income.
- I am not claimed on another person's income tax return.
- I will renew my application every two years or when requested by Southwest Gas.

Entire application must be completed and signed.

PLEASE PRINT CLEARLY

Your name

Your home address (include apartment or space number)

City

State

ZIP Code

- -

Southwest Gas account number

Contact phone number

Mailing address (if different from home address)

City

State

ZIP Code

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southwest Gas 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.

Customer Signature

Date

Form 902.6 (05/2008) 320 Front
Do not use tape

Please moisten and seal

Do not staple

IF ACTUAL COPY OF FORM IS REQUIRED, PLEASE NOTIFY COMPANY

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

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

Company name/CPUC Utility No. **Southwest Gas Corporation (U 905 G)**

Utility type:

ELC X GAS

PLC HEAT WATER

Contact Person: **Roger C. Montgomery**

Phone #: **(702)876-7321**

E-mail: **roger.montgomery@swgas.com**

EXPLANATION OF UTILITY TYPE

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

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: **799**

Subject of AL: **Annual adjustment of income criteria for CARE Program eligibility.**

Keywords (choose from CPUC listing): **CARE/Compliance Filing.**

AL filing type: Monthly Quarterly X Annual One-Time Other _____

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

Resolution E-3524/April 22, 2008 Energy Division Notice

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL **Not applicable**

Summarize differences between the AL and the prior withdrawn or rejected AL¹: **Not applicable**

Resolution Required? Yes X No

Requested effective date: **June 1, 2008**

No. of tariff sheets: **7 in CA Gas Tariff;
and 4 in CA South Lake Tahoe Tariff**

Estimated system annual revenue effect: (%): **Not applicable**

Estimated system average rate effect (%): **Not applicable**

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: **CA Gas Tariff Schedule Nos. GS-12/GN-12 and GS-35/GN-35; South Lake Tahoe Tariff - Schedule Nos. GLT 212 and GLT-222**

Service affected and changes proposed¹: **See 'Subject of AL' above**

Pending advice letters that revise the same tariff sheets: **Not applicable**

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

**CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
jjr@cpuc.ca.gov and jnj@cpuc.ca.gov**

**Utility Info (including e-mail)
Mr. John P. Hester, Sr. Vice-Pres.
Reg. Affairs & Energy Resources
Southwest Gas Corporation
P. O. Box 98510
Las Vegas, NV 89193-8510
john.hester@swgas.com
Facsimile: 702-876-7037**

¹ Discuss in AL if more space is needed.

CALIFORNIA ADVICE LETTER DISTRIBUTION
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Advice Letter No. 799Date Mailed 5/13/08

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* Needles reports to Bullhead

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California Public Utilities Commission
Energy Division
Attention: Jerry Royer
505 Van Ness Avenue, 4th Floor Francisco,
CA 94102

Original plus 5, plus SWG (6 copies)

*Attach a note to SWG's copy with the request:
"Please stamp the attached copy and return to
us in the self-addressed stamped envelope
provided."*

Address on SASE envelope:

(Your name)
State Regulatory Affairs, LVB-105
Southwest Gas Corporation
5241 Spring Mountain Road
PO Box 98510
Las Vegas, NV 89193-8510

California Advice Filings
Sheet 2 of 2

R. Thomas Beach
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Berkeley, CA 94710

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Sempra Energy
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Los Angeles, CA 90013-1011

Lee Schavrien, Manager
Regulatory Affairs, Room 10A
San Diego Gas & Electric Company
PO Box 1831
San Diego, CA 92112

Bruce Folsom
Manager, Regulatory Compliance
1411 East Mission, MSC-29
PO Box 3727
Spokane, WA 99220-3727

Pat Franklin
Sierra Pacific Power Company
PO Box 10100
Reno, NV 89520-0026

Office of Ratepayer Advocates
California Public Utilities Commission
505 Van Ness Avenue, Room 4202
San Francisco, CA 94102

John Clarke
Pacific Gas & Electric Company
77 Beale Street, Room 1001
San Francisco, CA 94177

James McTarnaghan, Partner
Duane Morris LLP
One Market, Spear Tower, Suite 2000
San Francisco, CA 94105-1104

SOUTHERN CALIFORNIA - RATES Only

Ronald Moore
Regulatory Affairs
Southern California Water Company
630 East Foothill Boulevard
San Dimas, CA 91773

California Advice Filings
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