



Gas Sample Form No. 62-4112
Statement of Account

**Please Refer to Attached
Sample Form**

Advice Letter No: 1968-G
Decision No.

Issued by
Steven L. Kline
Vice President
Regulation

Date Filed August 7, 1996
Effective September 16, 1996
Resolution No. _____



STATEMENT OF ACCOUNT REQUEST STUB

CUSTOMER NAME _____
 SERVICE _____
 CITY _____ CA _____ ZIP _____
 SUPPLY _____

MAILING IF OTHER THAN SERVICE

YOUR ACCOUNT NUMBER _____

RATE SCHEDULE
 Gas _____ Elec. _____

Detach And Retain Stub For Your Records

Send Statement To:
 Customer Acctg. Dept.
 Utility Unit
 Room 1240
 77 Beale Street
 San Francisco

Date _____
 Requestor _____ Ext. _____
 Location _____

Account Number _____
 S D O RT ACCOUNT

Customer Name _____
 Service Address _____

Type of Account: D&C Pwr
 On Service Date: _____
 Period To Be Covered: _____
 From _____ To _____
 Old or rerouted account number(s) if available: _____

Remarks: _____

A complete statement will be furnished unless otherwise indicated in remarks.

CALCULATION OF USAGE				CHARGES ON YOUR BILL				TRANSACTIONS				AMOUNT DUE			
Date	Type Service	Reading	Multiplier	Therms KWH	Commodity Charges	City Tax %	Current Month Total Charges (+)	Previous Billed Amount (-)	Payments (+ or -)		Adjustments (+ or -)	Date	Amount	Date	Amount of Bill*
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