SOUTHERN CALIFORNIA GAS COMPANY

LOS ANGELES, CALIFORNIA CANCELING Revised

Revised

CAL. P.U.C. SHEET NO. CAL. P.U.C. SHEET NO.

49607-G 48983-G

48984-G

SAMPLE FORMS - CONTRACTS AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF, FORM 8206

(See Attached Form)

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(TO BE INSERTED BY UTILITY) ADVICE LETTER NO. 4433-A DECISION NO.

ISSUED BY Lee Schavrien Senior Vice President

(TO BE INSERTED BY CAL. PUC) Oct 4, 2013 DATE FILED Oct 4, 2013 EFFECTIVE

RESOLUTION NO. E-4599



AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT - READ IT CAREFULLY

	NIA NAC			TITLE //F	ADDITIONALE)
	NAME			IIILE (IF	APPLICABLE)
	NAME OF CUSTOMER OF REC		_(Customer) have the following mailing address		
	NAME OF COSTOMER OF REC	יטאט			
	MAILING ADDRESS	CITY	STATE	ZIP	_, and do hereby appoint
	MAILING ADDRESS	CITY	SIAIE	ZIP	
	NAME OF THIRD PARTY	o	of	MAILING AD	DDECC
	NAME OF THIRD PARTY			WAILING AD	DRESS
	CITY			STATE	ZIP
	CITT			SIAIL	ΔII
t a	as my agent and consultant (Age	nt) for the listed	l account(s) an	d in the categ	jories indicated below:
Ol	JNTS INCLUDED IN THIS AUTHO	RIZATION			
	SERVICE ADDRESS				SERVICE ACCOUNT NUMBER
_	SERVICE ADDRESS				SERVICE ACCOUNT NUMBER
_	SERVICE ADDRESS				SERVICE ACCOUNT NUMBER
					SERVICE ACCOUNT NUMBER
OR nt	e than three accounts, please list additional a MATION, ACTS AND FUNCTIONS must thereafter provide specific	S AUTHORIZED written instruct	– This authoriz ions/requests (ation provide e-mail is acc	eptable) about the particເ
OR our ctio oth	MATION, ACTS AND FUNCTIONS must thereafter provide specific of (s) before any information is relain may result in cost to you, the operiod. Omer) authorize my Agent to ac	S AUTHORIZED written instruct leased or action customer. Requ	– This authoriz ions/requests (i is taken. In ce uests for inform	ation provide e-mail is acce ertain instance nation may be	eptable) about the particules, the requested act or a limited to the most rece
OR nt our otio oth ust eck	MATION, ACTS AND FUNCTIONS must thereafter provide specific at(s) before any information is related may result in cost to you, the operiod. omer) authorize my Agent to act all applicable boxes): Request and receive billing records account(s), as specified herein, regar	S AUTHORIZED written instruct leased or action customer. Required to my behalf s, billing history and rding utility services	- This authorizions/requests (is taken. In couests for inform to perform the	ation provide e-mail is acceptain instance nation may be e following se ge data used for Utility.1	eptable) about the particules, the requested act or elimited to the most recespecific acts and function for bill calculation for all of recesping the second
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Information (Form 8204) which can be accessed here: http://www.socalgas.com/regulatory/tariffs/tm2/pdf/CISR (Usage).pdf

¹ The Utility will provide standard customer information without charge up to two times in a 12-month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

Requests for hourly energy usage information must be made using the Authorization or Revocation of Authorization to Receive Customer Interval Usage

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

	OMER) AUTHORIZE THE RELEASE OF MY ACCOUNT ON MY BEHALF ON THE FOLLOWING BASIS (<u>chec</u> l				
	One-time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization). One-year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the 12-month period from the date of execution of this				
	Authorization. Authorization is given for the period commencing with the (Limited in duration to three years from the date of exacts and functions specified above will be accepted and authorization period specified herein.	e date of execution until ecution.) Requests for information and/or for the			
If no time	e period is specified, authorization will be limited to a one-time a	uthorization.			
RELEA	SE OF ACCOUNT INFORMATION:				
My (Age	lity will provide the information requested above, to the ent) preferred format is (check all that apply):	he extent available, via any one of the following.			
	Hard copy via US Mail (if applicable).				
H	Facsimile at this telephone number: Electronic format via electronic mail (if applicable) to this e-mai	address:			
Ш	Electronic format via electronic maii (ii applicable) to tins e-mai	audiess			
the Cus Record account the righ authoriz on my k liability, my Age actions authoriz	stomer of Record listed at the top of this form and that. I further certify that my Agent has authority to act on its listed on this form and perform the specific acts and it to verify any authorization request submitted before receive the Utility to release the requested information on more half regarding the matters listed above. I hereby relacions, demands, causes of action, damages, or expent pursuant to this Authorization; 2) the unauthorized taken by my Agent pursuant to this Authorization, includation at any time by submitting a written request. [This initially bind the customer (for example, CFO of a complexity).	my behalf and request the release of information for the functions listed above. I understand the Utility reserves eleasing information or taking any action on my behalf. I y account or facilities to the above Agent who is acting ease, hold harmless, and indemnify the Utility from any enses resulting from: 1) any release of information to d use of this information by my Agent; and 3) from any uding rate changes. I understand that I may cancel this is form must be signed by someone who has authority bany or City Manager of a municipality).]			
	AUTHORIZED CUSTOMER SIGNATURE	TELEPHONE NUMBER			
Execute	ed thisday of	at			
	MONTH YEAR	CITY AND STATE WHERE EXECUTED			
action, o	t), hereby release, hold harmless, and indemnify the lamages, or expenses resulting from the use of customer in the taking of any action pursuant to this authorization, in	information obtained pursuant to this authorization			
	AGENT SIGNATURE	TELEPHONE NUMBER			
	COMPANY	•			
Execute	ed thisday of				

YEAR

Form 8206 Page 2 of 2

MONTH