SAMPLE FORMS - CONTRACTS
AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO
RECEIVE CUSTOMER INTERVAL USAGE INFORMATION, FORM 8204

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(See Attached Form)

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AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO RECEIVE CUSTOMER INTERVAL USAGE INFORMATION

Southern California Gas Company

A Sempra Energy utility®

IMPORTANT INFORMATION FOR CUSTOMERS – BE SURE TO READ FIRST
THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY

Under Southern California Gas Company's (SoCalGas) privacy policies, which can be found at http://www.SoCalGas.com/privacy-policy.shtml, SoCalGas generally does not sell or disclose personal information about you, such as your name, address, phone number, or gas account and billing information, to third parties unless you expressly authorize us to do so. The purpose of this form is to allow you, the customer, to exercise your right to choose whether to disclose your personal natural gas interval usage data (i.e., hourly usage data) to a third party. Once you authorize a third party to access personal information about you, you are responsible for ensuring that the third party safeguards the personal information from further disclosure without your consent.

This form authorizes the third party of the customer's choosing to request and receive the customer's natural gas interval usage data only. If customer intends to authorize a third party to receive additional billing records or billing information and/or allow a third party to act as an agent of the customer for purposes of the customer's account and services with SoCalGas, then the customer must complete the "Authorization To Receive Customer Information or Act on a Customer's Behalf" form ["Form 8206"] which can be accessed at: http://www.socalgas.com/regulatory/tariffs/tm2/pdf/CISR_(General).pdf

I,

_____
NAME   TITLE (IF APPLICABLE)

of _____**(Customer) have the following mailing address**
NAME OF CUSTOMER OF RECORD

_____**, and do hereby authorize**
MAILING ADDRESS   CITY   STATE   ZIP

of _____
NAME OF THIRD PARTY   MAILING ADDRESS

_____
CITY   STATE   ZIP

to request and receive natural gas interval usage data for the listed account(s) indicated below:

ACCOUNTS INCLUDED IN THIS ☐ AUTHORIZATION OR ☐ REVOCATION (Please check one)

1. _____   _____
   SERVICE ADDRESS   SERVICE ACCOUNT NUMBER

2. _____   _____
   SERVICE ADDRESS   SERVICE ACCOUNT NUMBER

3. _____   _____
   SERVICE ADDRESS   SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

If authorization is being revoked, please continue to the last section "Customer Authorization For Revocation" for your signature. To grant your authorization, please continue to complete the section below.

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the third party to request and receive natural gas interval usage data for the account(s) specified above. Requests for information may be limited to the most recent 12-month period.

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY NATURAL GAS INTERVAL USAGE DATA TO THE THIRD PARTY INDICATED HEREIN FOR THE FOLLOWING PERIOD OF TIME (IF INDEFINITE, THIS AUTHORIZATION WILL ONLY BECOME INVALID WHEN A REVOCATION REQUEST IS SUBMITTED TO SOCALGAS OR THE ACCOUNT(S) ARE CLOSED):

[   ] Beginning _____ and continuing until _____ .
                        [Date]   [Date]
OR

[   ] Indefinite until I revoke this authorization or my account(s) are closed.

RELEASE OF ACCOUNT INFORMATION:

SoCalGas will provide the information requested above, to the extent available, via any one of the following. Please check the preferred delivery format(s) below:

☐　　　　Hard copy via US Mail (if applicable): _____

☐　　　　Facsimile at this telephone number: _____

☐　　　　**Electronic format (if via electronic mail, send to this e-mail address):** _____

CUSTOMER AUTHORIZATION TO RELEASE INFORMATION

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I understand SoCalGas reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize SoCalGas to release the requested information on my account or facilities to the above designated Third Party I hereby release, hold harmless, and indemnify SoCalGas from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Third Party pursuant to this Authorization; 2) the unauthorized use of this information by my Third Party; and 3) from any actions taken by my Third Party pursuant to this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

_____　　　　_____
AUTHORIZED CUSTOMER SIGNATURE　　　　　　　　　　　　　　　TELEPHONE NUMBER

Executed this _____ **day of** _____ _____ **at** _____
                                            MONTH   YEAR   CITY AND STATE WHERE EXECUTED

CUSTOMER AUTHORIZATION FOR REVOCATION

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I hereby revoke my authorization to release information to the above designated Third Party I hereby release, hold harmless, and indemnify SoCalGas from any liability, claims, demands, causes of action, damages, or expenses resulting from: (1) any negligent conduct relating to this revocation, (2) from any refusal to release information to the above designated Third Party pursuant to this revocation: (3) for any conduct by my previously designated Third Party in connection with his revocation.

_____　　　　_____
AUTHORIZED CUSTOMER SIGNATURE　　　　　　　　　　　　　　　TELEPHONE NUMBER

Executed this _____ **day of** _____ _____ **at** _____
                                            MONTH   YEAR   CITY AND STATE WHERE EXECUTED