



Pacific Gas and Electric Company
San Francisco, California
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Revised
Cancelling Revised

Cal. P.U.C. Sheet No. 22732-E
Cal. P.U.C. Sheet No. 14766-E

Electric Sample Form No. 79-858
Disputed Unpaid Closing Bill

**Please Refer to Attached
Sample Form**

Advice Letter No: 2618-E
Decision No.

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed January 31, 2005
Effective March 12, 2005
Resolution No. _____

ID Theft Affidavit- PG&E Account Number

VICTIM INFORMATION

(1) My full legal name is _____
(First) (Middle) (Last) Jr., Sr., III

(2) **(If different from above)** When the events described in this affidavit took place, I was known as

(First) (Middle) (Last) Jr., Sr., III

(3) My date of birth is _____

(4) My social security number is _____

(5) My driver's license or identification card state and number are _____

(6) My current address is _____

City _____ State _____ Zip Code _____

(7) I have lived at this address since _____
(month/year)

(8) **(if different from above)** When the events described in this affidavit took place my address was:

City _____ State _____ Zip Code _____

(9) I lived at the address from _____ until _____
(month/year) (month/year)

(10) My daytime telephone number is (_____) _____

My evening telephone number is (_____) _____

RETURN TO:

**PACIFIC GAS & ELECTRIC
FRAUD DEPARTMENT
P O BOX 8329
STOCKTON, CA 95208**

HOW THE FRAUD OCCURRED

- (11) I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- (12) I did not reside at the address where the service was provided.
- (13) I did not receive any benefit, money, goods or services as a result of the events described in this report
- (14) My identification documents (for example, credit cards; birth certificate; driver's license, social security card; etc.) were **stolen** **lost** on or about _____
(month/day/year)
- (15) To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account, social security number, mother's maiden name, etc.) or identification documents to get money, credit loans, goods or services without my knowledge or authorization:

Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone number(s) (if known)	Phone number(s) (if known)
Additional information (if known)	Additional information (if known)

- (16) I do **NOT** know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- (17) **Additional comments:** (For example, description of fraud, which documents or information were used or how the identity thief gained access to your information.)

(Attach additional pages as necessary)

VICTIM'S LAW ENFORCEMENT ACTIONS

- (17) (check one) I **am** I **am not** willing to assist in the prosecution of the person (s) who committed this fraud.
- (18) (check one) I **am** I **am not** authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person (s) who committed this fraud.
- (19) (check all that apply) I **have** I **have not** reported the events described in this affidavit to the police or other law enforcement agency. **The police** **did** **did not** write a report
- (20) You remain responsible for this/these bill(s) while our investigation is being conducted.
- (21) At the conclusion of our investigation you will be notified if you have been relieved of responsibility for this/these debt(s).

DOCUMENTATION CHECKLIST

Please attach copies (**NOT originals**) of the documents listed below to this affidavit. Please see page 6 for a list of acceptable documentation.

- (22) A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- (23) Proof of residency during the time the disputed bill occurred, for example, a rental/lease agreement in your name, a copy of a utility bill.
- (24) A copy of the report you filed with the police or sheriff's department must **be included**.



Name _____

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SIGNATURE

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

(Signature)

(date signed)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

Please have one witness (non-relative) sign below that you completed and signed this affidavit.

Witness:

(signature)

(printed name)

(date)

(telephone number)

Name _____ Phone Number _____ Page 5

Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need. Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. **See the example below.**
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

I declare (check all that apply):

- As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents.

Creditor Name/Address	Account Number	Address that Utility Service was provided by creditor	Date Service opened and closed	Amount/ of Bill(s)
Pacific Gas & Electric				

- During the time of the accounts described above, I had the following account open with your company:

Billing name _____

Billing address _____

Account number _____

Name _____ Phone No. _____ Page 6

In order to resolve your disputed claim, you will need to provide one (1) form of identification from Category I (if US citizen) or Category II (if non US citizen.) and two (2) forms of proof of residency from Category III. You may choose from the list of acceptable documentation below:

Category I – Acceptable forms if identification for U.S. Citizen	Category II – Acceptable forms of identification for non U.S. Citizen
<ul style="list-style-type: none"> • Driver's License • Military ID • Military DD214 Form • Military Selective Service Card • Birth Certificate (not a hospital record) • Native American Reservation ID • Passport • State ID • Social Security Card • ID from place of employment • Current Student ID 	<ul style="list-style-type: none"> • Country ID • Driver's License • Military ID • Passport • US Immigration and Naturalization Service (INS) department documents: <ul style="list-style-type: none"> • I-94 (Refugee arrival document) form • I-688B (Employment Authorization Card) • I-766 (employment Authorization approval) document • US Government issued VISA • (Document will state that it is a VISA) <p>Note: Alien Registration Card is not acceptable.</p>

You need two (2) forms of proof of residency from **Category III**. The proof of residency documents must be from **two (2) separate sources that cover the two (2) months** during the following dates (**these dates are the 2 months prior to the last final bill date**) you may choose from the list of acceptable documentation below:

Category III – Proof of Residency
<ul style="list-style-type: none"> • Auto insurance policy or statement • Cable bill • Electric bill • Gas bill • Health insurance policy or statement (not a medical card) • Home owner's or renter's insurance policy or statement • Local Telephone bill (not a bill from a long distance provider, cellular or paging company) • Life insurance policy or statement • Mortgage Statement • Water bill • Prison movement documentation • *Rental/Lease Agreement <p>*We will not accept rental receipts. The Rental/Lease agreement must be from a management company on an official lease agreement.</p>

*PLEASE RETURN THE COVER PAGE LETTER ALONG WITH AFFIDAVIT.

*(MAKE SURE THAT YOUR PROOF IS **2 MONTHS PRIOR TO THE LAST BILL DATE LOCATED ON THE COVER PAGE**.

*YOUR AFFIDAVIT MUST BE SIGNED BY A WITNESS THAT IS NOT A RELATIVE, OR NOTARIZED.