



A Sempra Energy utility®

NEED A FRIENDLY REMINDER? Request Third Party Notification

If you sometimes forget to pay gas bills – or know someone who is elderly, disabled, or away from home often – take advantage of our third party Notification program. It is free and can help prevent gas service being shut off.



Here's how it works:

- A customer of Southern California Gas Company (SoCalGas®) chooses a third party, such as a friend, relative or social agency.
- If SoCalGas sends a late-payment notice or gas shut-off notice to the customer, the third party will receive a copy, too.
- This duplicate notice gives the third party an opportunity to bring the shut-off notice to the customer's attention. The third party is not obligated to pay the overdue bill.

Enrolling is easy as 1, 2, 3

- 1 Complete the application on the reverse side of this page.
- 2 Have the person you selected as your third party sign the application as well.
- 3 Mail in the complete application to:
**Southern California Gas Company,
Collections Department, Mail
Location SC710J, Los Angeles,
CA 90020-0337**

Third Party Notification is part of our commitment to providing exceptional customer service. For more information, call us toll free at 1-800-427-2200.

(Application on reverse.)

APPLICATION FOR THIRD PARTY NOTIFICATION

Customer Information

Customer Name (please print):

Account Number (see gas bill):

Address:

City:

ZIP:

Telephone: ()

I understand that I am still obligated to pay the gas bill on time. I understand that SoCalGas is not liable for failure to notify the third party. I understand that the third party is not obligated either to take action or to pay any part of my bill.

CUSTOMER SIGNATURE (your signature is required):

*

Third Party Information

Note: This section should only include the information for the third party (such as friend, relative, or social agency) that should receive a copy of a late payment notice or shut-off notice. We will not process any application without the Third Party's signature below.

Third Party Name (please print):

Address:

City:

ZIP:

Telephone: ()

THIRD PARTY SIGNATURE (Third Party's signature is required):

*

Both you and the person you selected as your Third Party must sign this application. Incomplete applications will not be processed. Please make sure all fields are filled in.