



REQUEST FOR CHANGE OF MAILING AND/OR E-MAIL ADDRESS

This request will be effective within 30 days of receipt of this completed form.

1. CUSTOMER INFORMATION:

NAME ON GAS COMPANY ACCOUNT _____

(____) _____
TELEPHONE NUMBER

(____) _____
FACSIMILE NUMBER (if applicable)

CURRENT e-mail ADDRESS _____

2. NEW MAILING and/or E-MAIL ADDRESS (In order for this form to be processed, all of the following information must be provided):

C/O _____
COMPANY NAME (If Applicable)

MAILING ADDRESS _____

CITY STATE ZIP _____

(____) _____
TELEPHONE NUMBER

(____) _____
FACSIMILE NUMBER (if applicable)

NEW e-mail ADDRESS (if applicable) _____

3. LIST BELOW THE ACCOUNTS REQUIRING A MAILING ADDRESS CHANGE:

(1) _____
SERVICE ADDRESS /CITY/ ACCOUNT NUMBER

(2) _____
SERVICE ADDRESS /CITY/ ACCOUNT NUMBER

(3) _____
SERVICE ADDRESS /CITY/ ACCOUNT NUMBER

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

4. By signing below, Customer acknowledges that the account information affected by this Request for Change of Mailing and/or E-mail address form ("Form") includes all Southern California Gas Company ("SoCalGas") utility bills and other information transmitted therewith including, but not limited to legal, safety, and discontinuance notices, bill inserts, and other related rate information (collectively "Bills"). Following a change in either a mailing and/or e-mail address, disconnection and collection notices as well as other information will be sent to the new mailing address on the account (s).

If SoCalGas becomes aware of returned Bills, or that the Third Party Recipient ("TPR") is no longer located at the address specified on this Form or is repackaging SoCalGas' Bills in a manner unacceptable to SoCalGas, SoCalGas will immediately and without prior notification to Customer or TPR terminate this Form and revert the mailing to the Customer's last known service address or other appropriate mailing address (if in SoCalGas' possession). If SoCalGas becomes aware of returned electronically transmitted Bills, SoCalGas may immediately remove the e-mail address from the account and resume mailing Bills to the Customer's last known service address or other appropriate mailing address (if in SoCalGas' possession).



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- 5. This Form does not confer any rights or privileges to a TPR to act on the customer's behalf. Further, SoCalGas does not authorize any TPR to reorganize or repackage SoCalGas' Bills without first providing the reformatted or repackaged Bills to SoCalGas for its approval. No reorganizing or repackaging of Bills is permitted by SoCalGas without its prior written consent. A TPR is prohibited from providing customer account information of any kind to other parties without written customer authorization to SoCalGas.
- 6. Customer releases, holds harmless, and indemnifies SoCalGas, its current and future parent company, subsidiaries, affiliates and their respective directors, officers, shareholders, employees, agents, representatives, successors and assigns ("Released Parties") from any and all claims, damages and/or expenses of any kind resulting or arising from the unauthorized use of customer's account information, and from the customer's failure to receive Bills.
- 7. By executing this Form, customer authorizes SoCalGas to change the mailing and/or e-mail address on the accounts listed on this Form. Customer understands that as a result of filling out this Form, when it changes the address to that of a TPR, Customer may no longer receive Bills. Customer further understands and represent that this Form does not confer any rights or privileges upon a TPR to act on Customer's behalf. Customer hereby releases, holds harmless, and indemnifies the Released Parties from any and all claims, damages, and/or expenses of any kind associated with or arising from Customer's failure to receive Bills. The signatory to this Form further certifies that she/he has authority to authorize the change of address for the accounts listed on this form.

_____ NAME ON RESIDENTIAL ACCOUNT (PRINT)	
_____ NAME ON RESIDENTIAL ACCOUNT (SIGN)	_____ DATE

--OR--

_____ COMPANY OFFICER'S NAME ON ACCOUNT (PRINT)	_____ TITLE
_____ COMPANY OFFICER'S NAME ON ACCOUNT (SIGN)	_____ DATE

--OR--

If you are an authorized agent submitting this form on behalf of the customer, you must complete the section below and provide a copy of your contract agreement authorizing you to act on behalf of the customer of record . This form shall not be effective until a copy of the contract is received and approved by SoCalGas.	
_____ AUTHORIZED AGENT'S NAME (PRINT)	_____ DATE
_____ AUTHORIZED AGENT'S SIGNATURE (SIGN)	

MAIL OR FAX TO: SOUTHERN CALIFORNIA GAS COMPANY CORRESPONDENCE #8410 P.O. BOX 3150 SAN DIMAS, CA. 91773-7150 FAX: (909)305-8261
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