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April 12, 2024

Advice No. 6293-G
(U 904 G)

Public Utilities Commission of the State of California

Subject: Proposal to Update the Customer Usage Information Forms and to Replace Old Sample Forms with New Company Logos Now in Use

Southern California Gas Company (SoCalGas) hereby submits for approval by the California Public Utilities Commission (Commission) revisions to SoCalGas' tariff schedules, applicable throughout its service territory as shown on Attachment B.

Purpose

This submittal requests Commission approval to make non-substantial "clean-up" revisions to SoCalGas's sample forms regarding Authorization to Receive Customer Information or Act on a Customer's Behalf (Form 8204) and Authorization to Receive Customer Information or Act on a Customer's Behalf (Form 8206), as described below.

Tariff Revisions

Occasionally, SoCalGas prepares a "clean-up" submittal for Commission approval to revise tariff language to make clarifying changes, correct minor and/or inadvertent errors, and/or remove obsolete information. SoCalGas proposes the following non-substantial changes to its Customer Information Service Request (CISR) forms:

Authorization or Revocation of Authorization to Receive Customer Interval Usage Information (Form 8204)

- Revision to replace outdated SoCalGas company logo

Authorization to Receive Customer Information or Act on a Customer's Behalf (Form 8206)

- Revision to replace outdated SoCalGas company logo
- Addition of a customer option to authorize the request for customer information for "other acts and functions" (to be specified by the customer)

Protest

Anyone may protest this Advice Letter to the Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be submitted electronically and must be received within 20 days after the date of this Advice Letter, which is May 2, 2024. Protests should be submitted to the attention of the Energy Division Tariff Unit at:

E-mail: EDTariffUnit@cpuc.ca.gov

In addition, protests and all other correspondence regarding this Advice Letter should also be sent electronically to the attention of:

Attn: Gary Lenart
Regulatory Tariff Manager
E-mail: GLenart@socalgas.com
E-mail: Tariffs@socalgas.com

Effective Date

SoCalGas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to GO 96-B and therefore respectfully requests that this Advice Letter be made effective May 12, 2024, which is 30 days after the date filed.

Notice

A copy of this Advice Letter is being sent to SoCalGas' GO 96-B service list. Address change requests to the GO 96-B service list should be directed via e-mail to Tariffs@socalgas.com or call 213-244-2424.

For changes to all other service lists, please contact the Commission's Process Office at 415-703-2021 or via e-mail at Process_Office@cpuc.ca.gov.

/s/ Joseph Mock
Joseph Mock
Director - Regulatory Affairs



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.:

Utility type:

ELC GAS WATER
 PLC HEAT

Contact Person:

Phone #:

E-mail:

E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected:

Service affected and changes proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

ATTACHMENT A
Advice No. 6293-G

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 61723-G	SAMPLE FORMS - CONTRACTS, AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO , RECEIVE CUSTOMER INTERVAL USAGE INFORMATION, FORM 8204	Original 49606-G
Revised 61724-G	SAMPLE FORMS - CONTRACTS, AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR, ACT ON A CUSTOMER'S BEHALF, FORM 8206	Revised 49607-G
Revised 61725-G	TABLE OF CONTENTS	Revised 60887-G
Revised 61726-G	TABLE OF CONTENTS, Sheet 1	Revised 61722-G

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

Sheet 1

(See Attached Form)

N

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 6293-G
DECISION NO.

ISSUED BY
Dan Skopec
Senior Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 12, 2024
EFFECTIVE _____
RESOLUTION NO. _____



AUTHORIZATION OR REVOCATION OF AUTHORIZATION TO RECEIVE CUSTOMER INTERVAL USAGE INFORMATION

**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](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 _____
MONTH YEAR

at _____
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 _____
MONTH YEAR

at _____
CITY AND STATE WHERE EXECUTED

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

(See Attached Form)

N

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 6293-G
DECISION NO.

ISSUED BY
Dan Skopec
Senior Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Apr 12, 2024
EFFECTIVE _____
RESOLUTION NO. _____



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

THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY

I, _____
NAME TITLE (IF APPLICABLE)

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

_____, and do hereby appoint
MAILING ADDRESS CITY STATE ZIP

of _____
NAME OF THIRD PARTY MAILING ADDRESS

CITY STATE ZIP

to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

ACCOUNTS INCLUDED IN THIS AUTHORIZATION

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.)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12-month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (check all applicable boxes):

- 1. Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility.¹
- 2. EPA Benchmarking (authorizes usage information to be uploaded to the EPA's ENERGY STAR **Portfolio Manager**®).
- 3. Request and receive copies of correspondence in connection with my account(s) concerning (check all that apply):
 - a. Verification of rate, date of rate change, and related information;
 - b. Contracts and Service Agreements;
 - c. Previous or proposed issuance of adjustments/credits; or
 - d. Other previously issued or unresolved/disputed billing adjustments.
- 4. Request investigation of my utility bill(s).
- 5. Request special metering, and the right to access usage and other metering data on my account(s).²
- 6. Request rate analysis.
- 7. Request rate changes.
- 8. Request and receive verification of balances on my account(s) and discontinuance notices.
- 9. Other acts and functions (Please specify) _____

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.

² Requests for hourly energy usage information must be made using the Authorization or Revocation of Authorization to Receive Customer Interval Usage Information (Form 8204) which can be accessed here: https://tariff.socalgas.com/regulatory/tariffs/tm2/pdf/CISR_Usage.pdf

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

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS (check one box only):

- 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 date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

If no time period is specified, authorization will be limited to a one-time authorization.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via US Mail (if applicable).
- Facsimile at this telephone number: _____
- Electronic format via electronic mail (if applicable) to this e-mail address: _____

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 further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]**

AUTHORIZED CUSTOMER SIGNATURE

TELEPHONE NUMBER

Executed this _____ day of _____
MONTH YEAR

at _____
CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE

TELEPHONE NUMBER

COMPANY

Executed this _____ day of _____
MONTH YEAR

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(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 6293-G
 DECISION NO.

ISSUED BY
Dan Skopec
 Senior Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED Apr 12, 2024
 EFFECTIVE _____
 RESOLUTION NO. _____

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The following listed sheets contain all effective Schedules of Rates and Rules affecting service and information relating thereto in effect on the date indicated thereon.

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(Continued)

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Dan Skopec
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