

SAMPLE FORMS

Sheet 1

Collection Notices

Disputed Account Declaration, Form No. 6619

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 2371

DECISION NO.

1C5

ISSUED BY

Nancy I. Day

Vice President

(TO BE INSERTED BY CAL. PUC)

DATE FILED Oct 25, 1994

EFFECTIVE Dec 8, 1994

RESOLUTION NO. _____

Date

Name
Mailing Address
City, State & Zip Code

Regarding Account Number: XX-XXXX-XXX-XXXX-X
Service Address
City, State & Zip Code
Disputed Amount: \$

Dear _____

In order to investigate and process your claim that (dollar amount) in gas charges were not incurred by you, authorized by you and you did not receive benefit from said services, please **sign** and **return** this Declaration to Southern California Gas Company and **provide** the requested documentation. (See attachment)

Upon completion of our investigation, the Company will notify you of our findings and resolution.

Please sign the Declaration below by (date), attach the requested documentation and enclose in the envelope provided.

We suggest that you retain a copy of this document for your files.

If you have any questions about your claim, please call us at (xxx) xxx-xxxx.

Sincerely

DISPUTED ACCOUNT DECLARATION FOR SOUTHERN CALIFORNIA GAS COMPANY

I, (customer name), declare that Southern California Gas Company's account (account number) dated (closing bill date) in the amount of (disputed amount) was established without my consent, knowledge and/or authorization. I did not receive any benefit from this gas service. Documentation to substantiate my claim is attached.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature)

(Date)