

SAMPLE FORMS: CUSTOMER SERVICES NOTICES
Notice of Hazardous Conditions/Notice of Unsatisfactory Conditions
Form 1813-W, 12/96

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(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3179
DECISION NO.

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Aug 13, 2002
EFFECTIVE Sep 22, 2002
RESOLUTION NO. _____

ADDRESS	APT. NO.	CITY	SECT/SEG	HHC SET	T-ON CSO	NP ON HBI	LEAK MISC
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NOTICE OF HAZARDOUS CONDITIONS: DO NOT USE UNTIL CORRECTED: It may result in property damage, personal injury or loss of life. **NOTICE OF UNSATISFACTORY CONDITIONS:** Continued use may be Hazardous: All responsibility for use of this equipment under existing conditions must be assumed by the user.

Inspection of your _____ disclosed the Hazardous/Unsatisfactory conditions noted below. The service needed to correct this condition is beyond that given by our company. We recommend you call your:

A Plumber **B** Range repairer **C** Heating agency **D** Other _____ **E** Owner/Landlord

<input type="checkbox"/> 1 Unvented illegal heater.	<input type="checkbox"/> 2 Not venting properly during inspection.	<input type="checkbox"/> 3 Firebox appears cracked or ruptured.	<input type="checkbox"/> 4 Cracks in closet or around base of furnace may allow products of combustion to mix with circulating air.
<input type="checkbox"/> 5 Conditions permit products of combustion to mix with circulating air.	<input type="checkbox"/> 6 No operable safety device to close main burner gas supply if pilot outage occurs.	<input type="checkbox"/> 7 A gas leak in your house piping of approx. _____ Cu. Ft. an hour with all known appliances off.	<input type="checkbox"/> 8 Gas logs in fireplace and damper not permanently blocked open.
<input type="checkbox"/> 9 Floor furnace inaccessible for inspection of vent and connector.	<input type="checkbox"/> 10 To reduce the risk of flammable vapors igniting from the water heater, the main burner and pilot must be elevated at least 18 inches above the floor.		
<input type="checkbox"/> 11 Inaccessible roof mounted Forced Air Unit	<input type="checkbox"/> 12		

NAME	<input type="checkbox"/> Equipment Disconnected	Equipment Left	<input type="checkbox"/> On <input type="checkbox"/> Off	Meter Left	<input type="checkbox"/> On <input type="checkbox"/> Off	OFF-READ
SIGNATURE	TENANT	TIME:	AM	DATE	BY	
X	OWNER	:	PM	/ /		
	AGENT					

**I HAVE READ, UNDERSTOOD AND ACKNOWLEDGE RECEIPT OF THIS NOTICE
SIDE ONE**

SOUTHERN CALIFORNIA GAS COMPANY - FORM 1813-W (12/96)

SIDE TWO

REMARKS

- | | |
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| <input type="checkbox"/> CUSTOMER DOES NOT SPEAK ENGLISH | <input type="checkbox"/> CUSTOMER WILL CORRECT/REPAIR |
| <input type="checkbox"/> CUSTOMER REFUSED TO SIGN | <input type="checkbox"/> CUSTOMER HAD "NO COMMENT" |
| <input type="checkbox"/> CUSTOMER ABSENT | <input type="checkbox"/> CUSTOMER WILL ADVISE OWNER OR MANAGER |
