



A  Sempra Energy utility®

## NEED A FRIENDLY REMINDER?

### REQUEST THIRD PARTY NOTIFICATIONS

If you ever forget to pay your natural gas bill – or know someone who does – take advantage of the Third Party Notification program. This program is no-cost and can help prevent natural gas service from being shut off.

#### Here's how it works:

- A customer of SoCalGas® chooses a third party, such as a friend, relative or social agency.
- If SoCalGas sends a late-payment notice or natural 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 late payment or 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 this page.
- 2.** Have the person you selected as your third party sign the application as well.
- 3.** Mail in the complete application to:  
SoCalGas Third Party Notification - SC710J  
PO Box 30337  
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 FOR THIRD PARTY NOTIFICATION

**Both you and the person you selected to receive third-party notifications must sign this application. Incomplete applications will not be processed. Please make sure all fields are filled in.**

## CUSTOMER INFORMATION

Account Number (see bill): \_\_\_\_\_

Customer Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

I understand that I am still obligated to pay the SoCalGas 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.

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Customer Signature (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: \_\_\_\_\_

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Third Party Signature (required):