

Authorization to Obtain Confidential Customer Information and Act on Customer's Behalf

Please Print or Type

I,	PLICANT NAME		APPLICANT TITLE
of	EICAN NAVIE	in the city of	
NAME OF CUS	TOMER OF RECORD (IF APPLICABLE)	_ in the city of	CITY
and county of			and state of California, do hereby
appoint	NAME OF COMPANY	of	ADDRESS
			ADDRESS
CITY	STATE	ZIP	
CONTACT NAME	CONTACT EMAIL ADDRI	ESS	TELEPHONE NUMBER
and advance billingRequest and receive	from Southern California Gas Ce information regarding project p	Company; planning and installat	ension Of Gas Line-Main, Service, Stub ion status; Billing and refund requests must be
	,		
PROJECT LOCATION			
TRACT NUMBER: _	LOT NUME	BERS:	
the above agent and co agent and consultant to manner. I release, hold demands, causes of a unauthorized use or dis consultant has authority listed on this form. I fu Company receives writindemnify Southern Ca	onsultant who is acting on my be treat this information as proproful harmless, and indemnify South action, damages, or expenses closure of this information by my to act on my behalf and request the runderstand that this authorsten notice from me canceling this	ehalf regarding the rietary and confidenti hern California Gas (including reasonal ny agent and consulta t the release of informization will remain in as authorization. Furtly liability, claims, de	tion on my project and/or account to natters listed above. I will advise my al and not release it to others in any Company from any liability, claims, ble attorneys' fees) resulting from int. I further certify that my agent and mation for the project and/or accounts in effect until Southern California Gas hermore, I release, hold harmless, and mands, causes of action, damages, or provide notice of cancellation.
ORIGINAL AUTHORIZATED SIGNATU	RE	TITLE	
	Executed t	his day of	
TELEPHONE NUMBER		ady or	MONTH YEAR

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