## ATTACHMENT A



May X, 2012

Important information related to your vulnerable customer status.

«Customer\_Name» «Mailing\_Address» «Mailing\_City\_State\_Zip»

Dear «Customer\_Name1»:

We are writing to confirm your recent request to identify yourself or someone in your household as a vulnerable customer who has a serious illness or condition that could become life threatening if electric or gas service is disconnected. As a vulnerable customer, you are entitled to an in-person visit from a Pacific Gas and Electric Company (PG&E) representative within 48 hours prior to disconnection, or at the time of disconnection for nonpayment.

If you believe that you or your household member's illness or condition will extend beyond 90 days, please contact us at 1-800-743-5000 to request an application for an extension.

PG&E recognizes the impact of these difficult economic times on our customers and we are committed to providing solutions for those who may have fallen behind on their bills, particularly our vulnerable customers. We offer many ways to help customers with their energy bills, including:

- financial assistance programs to help customers get one-time help to pay bills, balance their payments over the course of a year or establish a payment plan to catch up on late bills;
- the California Alternative Rates for Energy program (CARE), which offers a minimum
  of a twenty percent discount for customers who qualify as low income;
- an Energy Savings Assistance Program (ESAP), which provides free weatherization services for income-qualified customers; and,
- automatic payment service (APS), which allows payments to be deducted directly from a checking account of your choice.

We value you as a customer and want you to know that we are here to assist you. If you think you may have trouble paying your bills, please call us at 1-800-743-5000. Our customer care representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

Ina German
Manager, Credit Operations
Pacific Gas and Electric Company

## **VULNERABLE CUSTOMER APPLICATION**



Ple	ase	provid	e the	fol	llowing	int	formatio	n (p	lease	prin	t):

Name of Qualifying Resident	Telephone number for advance notification (please include area code)								
Service Address	Service City	State	Zip						
Mailing Address (if different from Service Address)	Mailing City	State	Zip						
Account ID Number Email address (Optional) (from electric part of utility bill)  If the qualifying resident is not the utility customer, please state the utility customer's name and the relationship of the qualifying resident:									
Customer Name	Relationship of Qualifying Resident								
I hereby certify that the above information is true and correct, and a resident living at this address has a serious illness or condition that could become life threatening if service is disconnected.									
SIGNATURE OF APPLICANT	DATE								
NOTE: After this completed application has been submitted and accepted by PG&E, service will not be disconnected for nonpayment without an in person field visit within 48 hours or at the time of disconnection. This application expires one year from the date of the application submittal and a new application must be submitted and accepted by the utility to continue to receive an in person visit prior to service disconnection for nonpayment.									
Mail application to: Pacific Gas and Electric Credit & Records Center - Medical Baseline	• •								
UTILITY USE ONLY Certification Period: 1 Year									
ccount ID Number Date Received:									
Accepted by PG&E Date:									