



**Gas Sample Form No. 79-1097**

Sheet 1

Request Change of Mailing Address to a Third Party Change of Address

**Please Refer to Attached  
Sample Form**



# REQUEST CHANGE OF MAILING ADDRESS TO A THIRD PARTY CHANGE OF ADDRESS

(Please Type or Print)

## 1. CUSTOMER INFORMATION:

\_\_\_\_\_  
CUSTOMER/COMPANY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
TELEPHONE NUMBER FACSIMILE NUMBER

## 2. REQUESTED CHANGE TO MAILING ADDRESS (In order for this form to be processed, all of the following information must be provided):

\_\_\_\_\_  
INFORMATION RECIPIENT

C/O \_\_\_\_\_  
COMPANY NAME (If Applicable)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
TELEPHONE NUMBER FACSIMILE NUMBER

CHANGE OF MAILING ADDRESS SHOULD TAKE EFFECT ON \_\_\_\_\_ DATE

## 3. ACCOUNTS INCLUDED IN THIS REQUEST:

\_\_\_\_\_  
ADDRESS CITY SERVICE ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS CITY SERVICE ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS CITY SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form.)

† Information collected on this form is used in accordance with PG&E's Privacy Policy.  
The Privacy Policy is available at [pge.com/privacy](http://pge.com/privacy).



# REQUEST CHANGE OF MAILING ADDRESS TO A THIRD PARTY CHANGE OF ADDRESS

4. By signing below, Customer and Information Recipient acknowledge that account information affected by this request for change of mailing address includes all utility bills (gas and/or electric), bill inserts, discontinuance notices, and other information normally sent to the mailing address on an account(s).

If Pacific Gas and Electric Company (the Company) becomes aware of returned bills, or that the Information Recipient is no longer at the address specified on this form or is repackaging the Company's bill and other information transmitted therewith in a manner unacceptable to the Company, the Company will immediately and without prior notification to Customer or Information Recipient terminate this authorization and revert the mailing address to the Customer's service address, or other mailing address if in the Company's possession and available.

5. I, (Information Recipient), understand that this change of address form authorization does not confer any rights or privileges to act on the customer's behalf. Further, I agree that I will not reorganize or repackage the Company's bill, or other information transmitted therewith, without first providing the reformatted or repackaged bill or information transmitted therewith to the Company. I understand that no reorganizing or repackaging of said information is permitted by the Company without its prior written consent. I release, hold harmless, and indemnify the Company from any claims, damages or expenses resulting from the unauthorized use of this account information, and from the customer's failure to receive the bill, legal and safety notices, discontinuance and other notices, bill inserts and other related rate information. I will not provide this information to other parties without customer authorization.

\_\_\_\_\_  
INFORMATION RECIPIENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
INFORMATION RECIPIENT SIGNATURE

\_\_\_\_\_  
CITY, STATE, ZIP

6. I, (Customer/Company), authorize the Company to change the mailing address on the accounts listed on this form. I understand that, as a result of this change of address request, I may no longer receive the bill, legal and safety notices, discontinuance and other notices, bill inserts, and other related rate information. I further understand and represent that this change of address form authorization does not confer any rights or privileges upon the third party bill information recipient to act on my behalf. I release, hold harmless, and indemnify the Company from any claims, damages or expenses associated with my failure to receive the bill, legal and safety notices, discontinuance and other notices, bill inserts, and other related rate information and from the unauthorized use of this account information. I further understand that if I should pay the information recipient or any other third party for charges owed to Pacific Gas and Electric Company as a result of the use of this form I will continue to be ultimately responsible for the payment of those charges to Pacific Gas and Electric Company until the payment is forwarded to Pacific Gas and Electric Company by the information recipient or other third party. If the information recipient or other third party fails to pay Pacific Gas and Electric Company in accordance with the Company's Rule 11 (discontinuance procedures) for any reason, I understand that I will be responsible for the payment of those utility charges to Pacific Gas and Electric Company. I further certify that I have authority to authorize the change of address for the accounts listed on this form. I understand that this agreement at all times shall be subject to such modifications as the California Public Utilities Commission may direct from time to time in the exercise of its jurisdiction.

\_\_\_\_\_  
AUTHORIZED CUSTOMER/COMPANY NAME

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE