

CUSTOMER AUTHORIZATION FORM

I, _____ [Customer of Record] (Customer), have the following mailing address _____ [Mailing address], and hereby authorize Southwest Gas Corporation to release my Customer Information to the agency listed on this form below as an **Authorized Recipient**. Customer Information includes my current and former name(s), secondary customer name(s), street address, gas usage, billing and payment history and any other information that Southwest Gas may have in its possession.

SOUTHWEST GAS ACCOUNTS INCLUDED IN THIS AUTHORIZATION:

- 1. Southwest Gas Account Number _____
Service Address _____
- 2. Southwest Gas Account Number _____
Service Address _____

AUTHORIZED RECIPIENT:

By signing below, I (Customer) authorize Southwest Gas Corporation to release the above Customer Information to the following **Authorized Recipient**:

Contact Name: _____
Agency Name: _____
Address: _____
City, State, Zip Code: _____

REVOCAATION:

This Authorization permitting Southwest Gas Corporation to release my Customer Information to the Authorized Recipient shall be effective for 12 months from the date signed below, unless otherwise revoked by written notice mailed to Southwest Gas Corporation, Attn: Customer Assistance, P.O. Box 1498, Victorville, CA 92393-1498. Revocation will be effective upon receipt but will not apply to any Customer Information disclosed while this Authorization is in effect.

AUTHORIZATION TO RELEASE CUSTOMER INFORMATION:

By signing below, I (Customer), _____, hereby authorize Southwest Gas Corporation to release my Customer Information to the Authorized Recipient, including its employees, agents and representatives.

I AGREE THAT SOUTHWEST GAS CORPORATION SHALL NOT BE RESPONSIBLE FOR, AND AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS SOUTHWEST GAS CORPORATION, ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS AND AFFILIATES FROM AND AGAINST, ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES OR EXPENSES, INCLUDING ATTORNEYS' FEES, RELATED TO OR RESULTING FROM THE RELEASE OF MY CUSTOMER INFORMATION TO THE AUTHORIZED RECIPIENT AND/OR FROM ANY SUBSEQUENT USE OR DISCLOSURE OF SUCH INFORMATION BY THE AUTHORIZED RECIPIENT.

(Print) Account Holder/Customer of Record

Signature of Account Holder/Customer of Record

Date