



This form must be completed and returned to Southwest Gas Corporation within five (5) days. If this deadline cannot be met, call the Southwest Gas office in your area (see district office locations below).

(Please Print)

Termination of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition.

Pursuant to authorization from the California Public Utilities Commission, Southwest Gas Corporation requests the following information regarding the health and/or disability condition of the above-named individual. The information provided shall be for the exclusive use of Southwest Gas Corporation to help ensure that the gas service for the above-named individual will not be wrongfully terminated.

Name and title of attending physician, public health nurse, or social worker (please print)

<i>Signature of physician, public health nurse, or social worker</i>	<i>Title</i>
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Name of medical or other facility where service is rendered

Date Signed _____ Telephone Number _____

I hereby certify that I have read the above statements and they are correct.

X _____ **Date Signed**

Signature of customer or permanent resident

SOUTHWEST GAS CORPORATION DISTRICT OFFICE LOCATIONS

Barstow	751 East Main Street	(760) 256-3571
Big Bear Lake	40844 Big Bear Boulevard	(909) 866-4656
Incline Village/Tahoe	218 Incline Court	(775) 831-1066
<i>Northern California customers can call.....</i>		(530) 583-5531
<i>or toll-free</i>		(800) 645-4541
Needles (pay station)	817 Third Street (City of Needles Customer Service Center) nearest full service office---	
<i>Bullhead City</i>	<i>1705 Langford Drive, Bullhead City, AZ</i>	(800) 446-4642
Truckee	10960 West River Street, Suite 101	(530) 582-7200
<i>Customers outside Truckee can call toll-free</i>		(800) 277-8008
Victorville	13471 Mariposa Road	(760) 241-9321