Pacific Gas and Electric Company®
PG&E

VULNERABLE CUSTOMER APPLICATION

Please provide the following information (please print):

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 Number
(from front page, upper left, of utility bill)

Email address (Optional)

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 Company, P.O. Box 8329, Credit & Records Center - Medical Baseline, Stockton, CA 95208*

UTILITY USE ONLY   Certification Period: ☐ 1 Year

Account ID Number _____ **Date Received:** _____

Accepted by PG&E _____ **Date:** _____