

Request For Change Of Mailing Address To A Third Party Address

If a property owner would like to have the bills sent to a third party, a change of address form should be submitted to PG&E. A copy of the change of address form is enclosed. This form provides the property owner the ability to redirect the location of each of the monthly bills and associated notices. The form also informs the property owner that PG&E assumes no responsibility for the property owner's continued receipt of discontinuance and other legally mandated notices when such a form has been executed.

Completed and fully executed forms should be mailed to:

Pacific Gas and Electric Company
Correspondence Management Center
P.O. Box 997310
Sacramento, CA 95899-7310

Or forms may be faxed to:

(916) 375-5105

Keep a copy of the completed authorization form(s) for your records.

General Information for Property Managers and Owners

PG&E has forms that are specifically designed to permit property managers and others to take certain actions on behalf of other account holders. It is PG&E's desire to permit property managers and account holders to transact necessary business in a manner consistent with the intentions of the account holder and without jeopardizing the confidential nature of the account holder's information.



Pacific Gas and Electric Company

REQUEST FOR CHANGE OF MAILING ADDRESS TO A THIRD PARTY ADDRESS

(Please Type or Print)

1. CUSTOMER INFORMATION:

CUSTOMER/COMPANY NAME

MAILING ADDRESS

CITY STATE ZIP

() _____ () _____
TELEPHONE NUMBER FAXSIMILE 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:

- 1. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
- 2. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
- 3. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER

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

**REQUEST FOR CHANGE OF MAILING ADDRESS
TO A THIRD PARTY ADDRESS (Cont.)**

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 part 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.

AUTHORIZED CUSTOMER/COMPANY NAME	DEPARTMENT	
AUTHORIZED SIGNATURE	TITLE	DATE