



**Electric Sample Form No. 62-3282**  
Request for Service

Sheet 1

**Please Refer to Attached  
Sample Form**



PG&E Use Only

Issue Date: \_\_\_\_\_

By: \_\_\_\_\_

SA #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# REQUEST FOR SERVICE (FOR USE ONLY WITH INTERIM SERVICE AGREEMENT)

The undersigned requests that gas and/or electric service be started at this service address:

House No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

Effective on (must allow three working days): \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Please note:** Request will be worked within three working days of receipt by PG&E. Appointment date should be requested a minimum of three working days in advance and should not be scheduled for a Saturday, Sunday or holiday. Four-hour appointment time frames will be accommodated only if resources are available. If resources are unavailable on the date or time requested, appointments will be scheduled as an all day (8 a.m. to 8 p.m.) appointment.

In the event that the gas and/or electric commodity are physically off, access to the main breaker and/or gas appliances must be provided on the date of the appointment. Is there any reason PG&E would not be able to access our equipment or your gas appliances to complete this request (e.g., locked gate or dog)?  Yes  No

If Yes, please explain: \_\_\_\_\_

The following information is required to establish the above utility service: (Please Print)

Your Name: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address (if different from service address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (include area code and extension):

Home \_\_\_\_\_ Business \_\_\_\_\_

Email Address:

Previous Address:

House No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

How Long? \_\_\_\_\_ Was PG&E service in your name?  Yes  No

If yes, has it been turned off?  Yes  No Approximate Date: \_\_\_\_\_

(Any outstanding balance will be included in your initial bill at the new service address.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If no, do you want it turned off?  Yes  No \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(In order to start service it may be necessary to perform a credit check to determine whether or not security is required. If security is required, it will be included on your bill. If the Social Security Number is not provided, security will be required and also included on your bill.)

If applicable, name of spouse or domestic partner: \_\_\_\_\_

**Please note:** Copies of applicable rates and rules are available online at <http://www.pge.com/tariffs/>. You will receive rate information in the mail. Please call our toll-free customer service number (800) 743-5000 if you would like to change your rate or customer information.

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.

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

FAX TO: 1-800-399-0213