

Request for Service

(Accepted by fax only – 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 allo	ow three working days):	·····		
working days in advar	nce and should not be scheduled	d for a Saturday, Sunday or holida	y. Four-hour appointn	Year should be requested a minimum of thronent time frames will be accommodate be scheduled as an all day (8 a.m. to 8
	ent. Is there any reason PG&E w			appliances must be provided on the ppliances to complete this request (e.
If Yes, please explain				
The following inform (Please Print) Your Name:	nation is required to establish	the above utility service:		
	First different from service address):	Middle	Last	
Telephone Numbers	s (include area code and extension		usiness	
Dunidaya Addusas	ноте	В	ISITIESS	
Previous Address:				
House No.	Street	Apt. No.	City	
How Long?	Was PG&E service	in your name? Yes	□ No	
-	ance will be included in your initia	Approximate Date:al bill at the new service address.)	Month	Day Year
,	urned off? ☐ Yes ☐ No	Date:	Month	Day Year
Social Security Numb (A credit check is nec	er: essary to determine whether or i	not a deposit is required. If a depo	sit is required, it will b	e included on your bill.)
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• •	•			ns/. You will receive rate information i
the mail. Please call c	our toll-free customer service nur	mber (800) 743-5000 if you would	like to change your ra	ite or customer information.
Signature of applicant	t(s):		Date:	
		FAX TO: (916) 923-7261		
		PG&E USE ONLY:		
Order issued on:	b	y: Accou	unt ID:	