

Temperature Sensitive Application for enrollment & renewal

If you already participate in SDG&E's Medical Baseline Allowance Program you do not need to complete this application form. Medical Baseline participants receive advance notification of rotating power outages.

This application provides the means for a person who has a health condition that places them at increased health risk from temperature extremes to receive advance notification of state-directed power outages that could affect their area. The advance notification will be by phone call to the telephone number designated by the applicant.

Persons who qualify for this advance notification are those with a health condition that places them at increased risk, compared to the average person, due to poor health and illness when exposed to temperature extremes. These conditions include, but are not limited to: cystic fibrosis, cardiac conditions, peripheral vascular disease, chronic illnesses, or the use of any of several medications, such as beta-adrenergic blockers, diuretics, seizure medications, tricyclic antidepressants, or calcium channel blockers.

If accepted into this service, SDG&E® will attempt to notify you in advance of a rotating power outage. Notification, cannot be guaranteed because of time, manpower, or communication limits, or because of daily circuit switching which may temporarily change the customer's block or circuit.

ACCEPTANCE INTO THIS SERVICE DOES NOT PROVIDE AN EXEMPTION FROM ROTATING POWER OUTAGES.



Incomplete or false information on this application may cause SDG&E to postpone, deny adding, or to remove your name from the advanced notification list. You must also agree to notify SDG&E if:

- 1 The person with the qualifying status no longer lives at this address.
- 2 The medical condition or medication at issue is no longer a factor.

SDG&E is committed to providing safe and reliable energy. If you have any questions or need further assistance, please call **1-800-411-SDGE (7343)**.

MAIL YOUR COMPLETED APPLICATION FORM TO:

San Diego Gas & Electric
Temperature Sensitive Customer Rep
P.O. Box 129831
San Diego, Ca 92112-9831

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Complete this portion (please print)

1

Name of person or qualifying resident:

2

Name of person listed on your SDG&E bill (if different than name of qualifying resident):

Customer name

Relationship of qualifying resident

3

Telephone number for advanced notification:

Area code

4

Customer's SDG&E account number:

5

Service address:

Street

Unit number

City

Zip code

6

Mailing address for qualifying resident (if different than service address):

Street

Unit number

City

Zip code

I hereby certify that the above information is true and correct, reflecting my increased sensitivity to extreme temperatures, or that of a member of my immediate household.

Signature of applicant

Date

Note: The completion of this application will provide advanced notification to qualifying resident **at the above-stated address** for two years. A new application must be submitted and approved by SDG&E no later than December 31 of the year the application is set to expire for you to continue to receive advance notification.

For SDG&E use only

Time approved: 2 years _____

Customer account number _____ Date received _____

☐ Accepted ☐ Denied Accepted/Denied by _____ Expiration date _____