

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. California Pacific Electric Company, LLC/U 933- E

Utility type:

☒ ELC

☐ GAS

☐ PLC

☐ HEAT

☐ WATER

Contact Person: Jeanne Matthews

Phone #: 530- 546- 1720

E- mail: jeanne.matthews@liberty- energy.com

EXPLANATION OF UTILITY TYPE

ELC = Electric

GAS = Gas

PLC = Pipeline

HEAT = Heat

WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 6- E

Subject of AL: Revised CalPeco Sample Forms No. 98- 2100 and No. 98- 2200 and New CalPeco Forms No. 98- 2150; No. 11- 0400; No. 11- 0500; No. 11- 0600; No. 11- 0700; No. 11- 0710; No. 11- 0720; No. 11- 0750; No. 11- 0770; No. 11- 0800; No. 11- 0900

Keywords (choose from CPUC listing): _____

AL filing type: ☐ Monthly ☐ Quarterly ☐ Annual ☒ One- Time ☐ Other

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL No

Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Resolution Required? ☒ Yes ☐ No

Tier Designation: ☐ 1 ☒ 2 ☐ 3

Requested effective date: May 25, 2011

No. of tariff sheets: 23

Estimated system annual revenue effect (%): _____

Estimated system average rate effect (%): _____

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Revised CalPeco Sample Forms No. 98- 2100 and No. 98- 2200 and New CalPeco Forms No. 98- 2150; No. 11- 0400; No. 11- 0500; No. 11- 0600; No. 11- 0700; No. 11- 0710; No. 11- 0720; No. 11- 0750; No. 11- 0770; No. 11- 0800; No. 11- 0900

Service affected and changes proposed: None.

Pending advice letters that revise the same tariff sheets: N/A

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division

Attention: Tariff Unit

505 Van Ness Ave.,

San Francisco, CA 94102

ijnj@cpuc.ca.gov and mas@cpuc.ca.gov

Utility Info (including e- mail)

California Pacific Electric Company, LLC

Attention: Advice Letter Protests

933 Eloise Avenue

South Lake Tahoe, CA 96150

Email: jeanne.matthews@liberty- energy.com



California Pacific Electric Company, LLC
933 Eloise Avenue
South Lake Tahoe, CA 96150
Tel: 800-782-2506
Fax: 905-465-4514

VIA EMAIL AND HAND-DELIVERY

April 25, 2011

**Advice Letter 6-E
(U 933-E)**

Public Utilities Commission of the State of California
Attn: Energy Division, 4th Floor
505 Van Ness Avenue
San Francisco, CA 94102-3298

Subject: Revised CalPeco Sample Forms No. 98-2100 and No. 98-2200 and New CalPeco Forms No. 98-2150; No. 11-0400; No. 11-0500; No. 11-0600; No. 11-0700; No. 11-0710; No. 11-0720; No. 11-0750; No. 11-0770; No. 11-0800; No. 11-0900

California Pacific Electric Company, LLC (U 933-E) (“CalPeco”)¹ hereby submits for filing revisions to its electric tariffs to revise two sample forms and include twelve new sample forms. The affected tariff sheets are enclosed as Attachment 1.

Background

On October 28, 2010, the Commission issued D.10-10-017, which approved Sierra’s transfer to CalPeco of the California electric distribution facilities and the Kings Beach Generating Station that Sierra had previously owned and operated. The transfer from Sierra to CalPeco was completed effective January 1, 2011. As of that date, CalPeco began operations as the utility with responsibility for serving the electric customers within Sierra’s former California service territory.

As part of the transition, CalPeco will periodically update a number of Sierra’s sample forms and introduce new sample forms to conform with CalPeco’s operations. This advice letter represents the second set of updated forms submitted.

Revised Forms

Form No. 98-2100 is CalPeco’s form California Alternative Rates for Energy (CARE) Application that provides eligible customers with a monthly discount on their electric service. This form has been updated and revised to include an information sheet regarding eligibility for the program.

Form No. 98-2200 is CalPeco’s form CARE Expanded Care for Group Living Facilities Application that provides a 20% low-income discount for qualified nonprofit group-living facilities. This form has been updated with new phone numbers to call for assistance.

¹ CalPeco also does business in California as “Liberty Energy - California Pacific Electric Company.”

New Forms

Form No. 98-2150 is the Spanish language version of Form No. 98-2100 described above.

Form No. 11-0400 is CalPeco's Property Owner/Manager Standing Order Request, which allows a property owner to inform CalPeco of their status as the landlord or owner of a property for which a tenant has sought utility service.

Form No. 11-0500 is CalPeco's Declaration of Eligibility for Permanent Residential Baseline Rates, which allows an individual to receive a Permanent Residential Baseline Allowance for a permanent, full time, primary residence of an applicant.

Form No. 11-0600 is CalPeco's Outdoor Lighting Service Application, which allows an applicant to receive service to their high pressure sodium outdoor lights located on their property.

Form No. 11-0700 is CalPeco's Application for Medical Baseline Enrollment and Recertification. Forms No. 11-0710 and No. 11-0720 are the accompanying self-certification and medical release authorization forms. Forms No. 11-0750 and No. 11-0770 are the Spanish language versions of forms No. 11-0700 and 11-0720. CalPeco expects to add a Spanish language version of the self-certification at a later date.

Form No. 11-0800 is CalPeco's Surety Bond/Bill Guaranty, which allows an applicant to receive electrical service without providing a cash deposit.

Form No. 11-0900 is CalPeco's Commercial Utility Service Application, which allows an applicant to apply for utility service as a commercial entity.

This filing will not affect any other rates or charges, cause the withdrawal of service, or conflict with any other rate schedule or rule.

Protests

Anyone wishing to protest this filing may do so by letter sent via U.S. mail, by facsimile or by email, any of which must be received no later than **May 16, 2011**, which is 20 days after the date of this filing. The protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. There is no restriction on who may file a protest. Protests should be mailed to:

CPUC Energy Division
Attention: Tariff Unit, 4th Floor
505 Van Ness Avenue
San Francisco, CA 94102
Facsimile: (415) 703-2200
Email: mas@cpuc.ca.gov and jnj@cpuc.ca.gov

The protest also should be sent via email and U.S. Mail (and by facsimile, if possible) to CalPeco at the addresses show below on the same date it is mailed or delivered to the Commission.

April 25, 2011

California Pacific Electric Company, LLC
Attn.: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Fax: 905-465-4514
Email: bob.dodds@liberty-energy.com

With a copy to:

Steven F. Greenwald
Vidhya Prabhakaran
Davis Wright Tremaine LLP
505 Montgomery Street, Suite 800
San Francisco, CA 94111
Fax: 415-276-6599
Email: stevegreenwald@dwt.com

Effective Date

CalPeco requests that this Tier 2 advice filing become effective on regular notice, May 25, 2011, which is 30 calendar days after the date of filing.

Notice

In accordance with General Order 96-B, Section 4.3, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list.

If additional information is required, please contact Jeanne Matthews (jeanne.matthews@liberty-energy.com).

Sincerely,



Bob Dodds
President,
California Pacific Electric Company, LLC

Attachments

cc: CalPeco Advice Letter Service List

CalPeco
Advice Letter Filing Service List
General Order 96-B, Section 4.3

A.08-08-004 Service List

chilen@sppc.com
ljt@cpuc.ca.gov
jeffreygray@dwt.com
gbinge@ktminc.com
emello@sppc.com
epoole@adplaw.com
joshdavidson@dwt.com
cem@newsdata.com
rmccann@umich.edu
sheila@wma.org
abb@eslawfirm.com
cbk@eslawfirm.com
bhodgeusa@yahoo.com
dlf@cpuc.ca.gov
mmg@cpuc.ca.gov
md2@cpuc.ca.gov
tlg@cpuc.ca.gov

A.09-10-028 and A.10-04-032 Service List

chilen@nvenergy.com
kjl@cpuc.ca.gov
stevegreenwald@dwt.com
phanschen@mofo.com
liddell@energyattorney.com
tciardella@nvenergy.com
judypau@dwt.com
jheckler@levincap.com

vidhyaprabhakaran@dwt.com
dwtcpucdockets@dwt.com
cem@newsdata.com
dietrichlaw2@earthlink.net
abb@eslawfirm.com
glw@eslawfirm.com
clerk-recorder@sierracounty.ws
brianmorris@countyofplumas.com
plumascoco@gmail.com
marshall@psln.com
stephenhollabaugh@tdpud.org
gross@portersimon.com
Stephen.Aftanas@Emera.com
Ian.Robertson@algonquinpower.com
dao@cpuc.ca.gov

Mark Pocta
Division of Ratepayer Advocates
505 Van Ness Avenue
San Francisco, CA 94102
rmp@cpuc.ca.gov

Joe Como
Division of Ratepayer Advocates
505 Van Ness Avenue
San Francisco, CA 94102
joc@cpuc.ca.gov

Tamera Godfrey
Division of Ratepayer Advocates
505 Van Ness Avenue
San Francisco, CA 94102
tlg@cpuc.ca.gov

Dao Phan
Division of Ratepayer Advocates
505 Van Ness Avenue
San Francisco, CA 94102
dao@cpuc.ca.gov

Office of the General Counsel
Sierra Pacific Power Company
c/o NV Energy
6226 West Sahara Avenue
Las Vegas, NV 89146

Pacific Gas & Electric Company
77 Beale Street
San Francisco, CA 94106
PGETariffs@pge.com

Manager of Regulatory Affairs
San Diego Gas & Electric Company
P.O. Box 1831 - Room 10-A
San Diego, CA 92112

Director of Regulatory Affairs
Southwest Gas Corporation
P.O. Box 98510
Las Vegas, NV 89193-8510

dlf@cpuc.ca.gov
jrw@cpuc.ca.gov
xjv@cpuc.ca.gov
mmg@cpuc.ca.gov
ckt@cpuc.ca.gov

Plumas Sierra Rural Electric
73233 State Route 70
Portola, CA 96122-7069

Southern California Edison Company
P.O. Box 800
Rosemead, CA 91770

Truckee-Donner Public Utility District
P.O. Box 308
Truckee, CA 95734

Executive Director
California Energy Commission
1516 Ninth Street, MS-39
Sacramento, CA 95814

Honesto Gatchalian
California Public Utilities Commission
Energy Division, 4th Floor
505 Van Ness Avenue
San Francisco, CA 94102-3298

Maria Salinas
California Public Utilities Commission
Energy Division, 4th Floor
505 Van Ness Avenue
San Francisco, CA 94102-3298

California Public Utilities Commission
Room 4005
505 Van Ness Avenue
San Francisco, CA 94102-3298

TABLE OF CONTENTS**STANDARD FORMS**

<u>FORM NO.</u>	<u>APPLICATION AND AGREEMENTS</u>	<u>CAL. P.U.C. SHEET NO.</u>	
98-0267	Deferred Payment Agreement	431	
98-0289	Residential Service Authorization	432	
98-0290	Authorization for Non-Residential (Commercial) Utility Service(s) and Credit Application	433, 434	
98-0303	Emergency Turn-On Service Order Request	435	
98-1701	Bill for Service	436, 437	
98-0275	Notice - Service has been Terminated	438	
98-1370	48 - Hour Notice - Termination of Service	439, 440	
98-0249	Certificate of Deposit	441	
98-2763	Utility Facility Agreement	442-446	
98-1045	Outdoor Lighting Agreement (Schedule No. OL-1)	447, 448	
	Contract for Schedule PA Electric Service	449-452	
98-2100	California Alternative Rates for Energy (CARE)	453, 453A	(T)
98-2150	California Alternative Rates for Energy (CARE) – Spanish Version	453B, 453C	(N)
98-2200	California Alternative Rates for Energy (CARE) Expanded Care for Group-Living Facilities	454, 455, 455A	(T)
98-3290	Proposal to Purchase and Agreement for Transfer of Ownership of Distribution Systems	456-471	
11-0100	Affidavit in Support of Customer Claim as Qualifying as a Microbusiness Under Government Code Section 14837	472	
11-0200	Net Metering Application	473-475	
11-0300	Interconnection and Net Energy Metering Agreement for Residential Customers or Small Commercial Customers of a Solar, Wind or Hybrid of Both Generating Facility Having a Capacity of Less than 30 Kw	476-485	

Advice Letter No. 6-E

Issued by

Bob DoddsDate Filed April 25, 2011

(T)

Name

Decision No. _____

President and CEOEffective May 25, 2011

(T)

Title

Resolution No. _____

TABLE OF CONTENTS
(Continued)

STANDARD FORMS

<u>FORM NO.</u>	<u>APPLICATION AND AGREEMENTS</u>	<u>CAL. P.U.C. SHEET NO.</u>
11-0400	Property Owner/Manager Standing Order Request	486
11-0500	Declaration of Eligibility for Permanent Residential Baseline Rates	487
11-0600	Outdoor Lighting Service Application	488
11-0700	Medical Baseline Allowance Application Used for Medical Baseline Enrollment and Re-Certification	489, 490
11-0710	Medical Baseline Allowance Self-Certification	491
11-0720	Authorization to Release Medical Information	492
11-0750	Medical Baseline Allowance Application Used for Medical Baseline Enrollment And Re-Certification (Spanish Version)	493, 494
11-0770	Authorization to Release Medical Information - (Spanish Version)	496
11-0800	Surety Bond/Bill Guaranty	497, 498
11-0900	Commercial Utility Service Application	499

Advice Letter No. 6-E

Decision No. _____

Issued by
Bob Dodds
Name
President and CEO
Title

Date Filed April 25, 2011

Effective May 25, 2011

Resolution No. _____



LIBERTY ENERGY-CALIFORNIA PACIFIC ELECTRIC COMPANY (CalPeco)
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)

CARE provides a monthly discount on your CalPeco electric service.
1-866-675-6627 Toll-Free

To participate in the CARE rate, you must submit a copy of your current gross monthly income for everyone living in your home. You must also submit a copy of the top portion of your current CalPeco bill. PLEASE NOTE: The name on the bill and the name on this application must match. **DO NOT SUBMIT ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED.**

If your name or address has changed, you MUST inform CalPeco. There is no charge for changing or adding a name to your CalPeco account.

Your Name (as it appears on your CalPeco bill):

First Middle Last

Mailing Address:

Number and Street Apartment Number

City State Zip Code

Daytime Telephone Number

()

Enter TOTAL GROSS MONTHLY INCOME for everyone living in your home and attach current proof of income. (Proof MUST match amount of TOTAL INCOME line.)

CalWORKS	\$	
SSI/SSP	\$	
SSA	\$	
Pensions	\$	
GA/GR	\$	
Wages	\$	
Interest Income	\$	
Other Income	\$	
TOTAL INCOME	\$	

INCLUDING YOURSELF, enter the number of people living in your home. _____

Submetered Applicants Only - Enter the name of Mobile Home Park _____

The information on this application will be used to determine and verify any eligibility for assistance. I understand that CalPeco may share my information with other utilities and their agents to enroll me in their assistance programs. If eligible for the CARE discount, I authorize the proper change to my rate schedule and give my consent for annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X

Applicant's Signature Date Witness' Signature (if applicant signed with a mark)

YOUR APPLICATION IS NOT COMPLETE WITHOUT ALL OF THE FOLLOWING:

☐ Completed Application ☐ Copy of current CalPeco bill ☐ Copy(ies) of current proof of income ☐ Signature

Include current proof of income for everyone in your home? Sign and date your application?

APPLICANT QUESTIONNAIRE

CalPeco is currently conducting a survey to measure the effectiveness of its outreach efforts. The following questions are OPTIONAL. Answering the questions will have no effect on the handling of your CARE application or participation in CARE.

Please check the appropriate box(es).

APPLICANT'S AGE GROUP:

☐ 18-39 ☐ 40-59 ☐ 60 or older

APPLICANT'S ETHNICITY:

☐ African-American ☐ Caucasian ☐ Hispanic/Latino ☐ Native American

☐ Asian ☐ Other _____

HOW DID YOU HEAR ABOUT CalPeco CARE?

☐ Community Organizations ☐ Public Agency ☐ Newspaper/Radio

☐ Word-of-Mouth ☐ Other _____

Please return completed CARE application to:

Liberty Energy-California Pacific Electric Company
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY ENERGY USE ONLY

Date Received _____
Employee Initials _____

Cycle _____

(03/11 rev.)

Form 98-2100

Advice Letter No. 6-E
Decision No. _____
Issued by Bob Dodds
Name
President and CEO
Title

Date Filed April 25, 2011
Effective May 25, 2011
Resolution No. _____

(T)
(T)

PLEASE KEEP THIS INFORMATION SHEET

1-866-675-6627 TOLL FREE

PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION

YOU MAY BE ELIGIBLE FOR THE California Alternative Rate for Energy (CARE) Program if:

You are a California Pacific Electric Company (CalPeco) permanent residential customer and pay your energy cost directly to CalPeco

-and-

Your gross monthly income, before deductions for all persons living in your household, is not over the CARE Income Guidelines.
(See Proof of Income and Income Guidelines below.)

EXAMPLES OF PROOF OF INCOME

All proof of income must be current and show an income amount.

- Temporary Assistance for Needy Families (TANF): Notice of Action; or computer printout; or benefit letter; copy of check; or
- Food Stamps: Notice of Action or benefit letter from eligibility worker showing dollar amount of assistance; or
- Supplemental Security Income: Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; or
- Social Security benefits: copy of current check(s); SSA Form 1099, 4926, or 2458; computer printout from Social Security Administration Office; Bank Statement showing direct deposit; or
- Pension and Annuities: copy of a current check; verification on letterhead or annual statement from pension plan; or
- Wages: copy of current paycheck stub(s) covering a one-month period and showing gross income; or
- Interest Income: monthly or quarterly bank statement; statement of interest income from bank agency; or
- Disability Compensation: copy of a current check; printout or letter from agency or insurance company verifying the compensation amount; or
- Unemployment Benefits: copy of current check(s); printout from Employment Development Department; or
- Child and/or Spousal support: copy of current check; or
- Support from an Individual: copy of check and statement signed by person providing the support; or
- General Assistance: Notice of Action from County Social Services; copy of a current check; or
- Student Aid: Financial Aid statement from College or University; or
- Veteran's Benefits: letter indication receipt of Veteran's Pension; copy of Veteran's Administration check; or
- Signed Federal Tax Form 1040; or
- W2 Forms.

CARE Income Guidelines – Effective June 1, 2010 to May 31, 2011		
Size of Household	Monthly	Yearly
1	\$2,608.00	\$31,300
2	\$2,608.00	\$31,300
3	\$3,067.00	\$36,800
4	\$3,700.00	\$44,400
5	\$4,333.00	\$52,000
6	\$4,967.00	\$59,600

NOTE: For households with more than six members, increase income by the amount below for each additional family member.

Additional Family Members Amounts:	\$633.00	\$7,600
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You are not eligible for the CARE if you are:

- Claimed as a dependent on another person's income tax return;
- Non-permanent customer with a recreation or vacation home.

Form No. 98-2100
(03/11 rev.)

Advice Letter No. 6-E

Issued by

Bob Dodds

Name

Decision No. _____

President and CEO

Title

Date Filed April 25, 2011

Effective May 25, 2011

Resolution No. _____

(N)

(T)

(T)



LIBERTY ENERGY-CALIFORNIA PACIFIC ELECTRIC COMPANY (CalPeco)
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)

CARE ofrece un descuento mensual de su servicio eléctrico CalPeco

1-866-675-6627 Toll-Free

Para participar en tarifa de CARE, debe presentar una copia de su ingreso mensual bruto para todos los que viven en su hogar. También debe presentar una copia de la parte superior de su factura actual de CalPeco. TENGA EN CUENTA: El nombre en la factura y el nombre de esta solicitud deben coincidir. **NO PRESENTE DOCUMENTOS ORIGINALES. NO SERÁN DEVUELTOS.**

Si su nombre o la dirección ha cambiado, debe informar a CalPeco. No hay cargo por cambiar o agregar un nombre a su cuenta CalPeco.

Su nombre (como aparece en su factura CalPeco):

Nombre Segundo Nombre Apellido

dirección de correo

Número y calle Número de apartamento

Ciudad estado código de zip

Teléfono durante el día

()

ENTRE TOTAL BRUTO MENSUAL
INCOME para todas las personas
que viven en su casa y adjuntar la
prueba actual de ingresos. (La
prueba debe coincidir con la
cantidad total de la línea de
ingresos.)

CalWORKS \$
SSI/SSP \$
SSA \$
Pensions \$
GA/GR \$
Wages \$
Interest Income \$
Other Income \$

TOTAL DE INGRESOS \$

INCLUYENDO A USTED MISMO, entre el número de personas que viven en su casa

Los solicitantes sólo submedidores - Escriba el nombre de parqué de casas móviles

La información en esta solicitud será utilizada para determinar y verificar mi elegibilidad para asistencia. Entiendo que CalPeco puede compartir mi información con otros servicios públicos y sus agentes para inscribirme en sus programas de asistencia. Si elegible para el descuento de CARE, autorizo el cambio correcto a mi lista de tarifas y doy mi consentimiento para la verificación de elegibilidad anual. Declaro, bajo pena de perjurio, que la información en esta solicitud es verdadera y correcta.

X

Firma del solicitante

fecha

Testigo Firma (si el solicitante firmó con una marca)

SU APLICACIÓN no está completa sin TODO LO SIGUIENTE:

☐ Solicitud completa ☐ Copia de la factura actual CalPeco ☐ Copia (s) de la prueba actual de ingresos ☐ firma

Incluya una prueba actual de ingresos para todos en su casa? Firmar y fechar su solicitud?

SOLICITANTE CUESTIONARIO

CalPeco realiza actualmente la conducción de una encuesta para medir la eficacia de los esfuerzos de su alcance. Las siguientes preguntas son opcionales. Responder a las preguntas no tendrá ningún efecto sobre la tramitación de su solicitud de CARE o participación en CARE.

Por favor, marque la casilla correspondiente (s).

GRUPO DE EDAD DEL SOLICITANTE:

☐ 18-39 ☐ 40-59 ☐ 60 o más

ETNICIDAD DEL SOLICITANTE:

☐ African-American ☐ Caucasian ☐ Hispanic/Latino ☐ Native American
☐ Asian ☐ Other

CÓMO SE ENTERO DE CARE DE CalPeco?

☐ Organizaciones de la Comunidad ☐ Agencia Pública ☐ Periódico / radio
☐ Boca-a-boca ☐ Otros

Por favor devuelva la solicitud completa CARE A:

Liberty Energy-California Pacific Electric Company
Attention: CARE Program
933 Eloise Avenue
South Lake Tahoe, CA 96150

FOR LIBERTY ENERGY USE ONLY

Date Received

Employee Initials

(03/11 rev.)

Form No. 98-2150

Advice Letter No. 6-E

Issued by

Bob Dodds

Name

Date Filed April 23, 2011

Decision No.

President and CEO

Title

Effective May 25, 2011

Resolution No.

CONSERVE ESTA HOJA DE INFORMACIÓN

1-866-675-6627 LLAMADA GRATUITA

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN SOLICITADA PARA NO TARDAR EL PROCESO DE SU
APLICACION

USTED PUEDE SER elegible a la tarifa alternativa de Energía de California (CARE) si:

Usted es un cliente residencial permanente de California Pacific Electric Company (CalPeco) y pague el costo de la energía
directamente a CalPeco

-y-

Su ingreso bruto mensual, antes de las deducciones para todas las personas que viven en su hogar, no es más de las Directrices de
Ingresos de CARE.

Véase la Prueba de Ingresos y las normas de ingresos a continuación.

EJEMPLOS DE LA PRUEBA DE LAS INGRESOS

Todas las pruebas de ingresos debe ser actual y mostrar el una cantidad de ingresos.

- Asistencia Temporal para Familias Necesitadas (TANF): Notificación de Acción, o impresión de computadora, o carta de beneficio, copia de un cheque, o
- Cupones para Alimentos: Notificación de Acción o carta de beneficios del trabajador de elegibilidad que indique el monto en dólares de la asistencia, o
- Seguridad de Ingreso Suplementario: Aviso de Acción Planificada o Formulario 2458, impresión de la computadora de la Seguridad Social, copia del extracto bancario que muestre el depósito directo de SSI; copia de cheque de SSI, o
- Beneficios del Seguro Social: copia de cheque reciente (s); Formulario SSA 1099, 4926 o 2458; impresión de la computadora de la Seguridad Social Oficina de Administración, Banco Estado que muestre el depósito directo, o
- Pensión y: copia de un cheque reciente verificación por carta o declaración anual del plan de pensiones, o
- Salarios: copia del recibo de sueldo actual (s) que cubren un período de un mes y que muestren los ingresos brutos, o
- Ingreso por interés: estado de cuenta bancario mensual o trimestral; estado de los ingresos por intereses de la agencia bancaria, o
- Compensación por incapacidad: copia de un cheque actual copia impreza o carta de la agencia o compañía de seguro que verifique la cantidad de la remuneración, o
- Beneficios de desempleo: copia de cheque reciente (s), copia impresa del Departamento de Desarrollo Laboral, o
- Apoyo de niño y lo conyuge: copia de cheque reciente o
- Apoyo de un individuo: copia de un cheque y declaración firmada por persona que presta el apoyo, o
- Ayuda General: Aviso de Acción de Servicios Sociales del Condado; copia de un cheque reciente o
- Ayuda Estudiantil: declaración de ayuda financiera de un Colegio o Universidad, o
- recibo carta de indicación de Pensiones de los Veteranos; copia de un cheque la Administración de Veteranos, o bien: • Beneficios de Veteranos
- Firmado el Formulario 1040 de Impuestos Federales, o
- Formas W2.

CUIDADO Directrices sobre la renta - Efectivo el 1 de junio de 2010 al 31 de mayo 2011		
Tamaño de los hogares	cada mes	cada año
1	\$2,608.00	\$31,300
2	\$2,608.00	\$31,300
3	\$3,067.00	\$36,800
4	\$3,700.00	\$44,400
5	\$4,333.00	\$52,000
6	\$4,967.00	\$59,600

NOTA: Para los hogares con más de seis miembros, aumentar los ingresos por el importe a continuación de cada miembro adicional.

Las cantidades adicionales de los Miembros de Familia:	\$633.00	\$7,600
--	----------	---------

Usted no es elegible para CARE si usted:

- Es reclamado como dependiente en la declaración de otra persona de ganancia;
- No es residente permanente con una casa de recreación o de vacaciones.

(03/11 rev.)

Form No. 98-2150

Advice Letter No. 6-E

Issued by
Bob Dodds

Date Filed April 25, 2011

Decision No.

President and CEO
Title

Effective May 25, 2011

Resolution No.



**LIBERTY ENERGY-CALIFORNIA PACIFIC ELECTRIC COMPANY (CalPeco)
CALIFORNIA ALTERNATIVE RATES FOR ENERGY (CARE)
EXPANDED CARE FOR GROUP-LIVING FACILITIES**

INSTRUCTIONS:

1. READ the information on the attached sheet.
2. DETERMINE if the facility meets the definition of a qualified nonprofit group-living facility. The facility **MUST** meet all criteria to qualify for the 20 % Low-Income discount.
3. COMPLETE the entire application (please print or type). Nonprofit corporations must complete application for all qualified satellite facilities.
4. ATTACH all required documents. (Application is not considered complete without documents.)
5. MAIL to : Liberty Energy – California Pacific Electric Company
Billing – CARE Program
933 Eloise Ave.
South Lake Tahoe, CA 96150
6. For assistance, call 1-866-675-6627, toll free.

Name (as it appears on your CalPeco bill): _____

Name of Facility (if different): _____

Account Number(s): _____

Service Address:

Number and Street Apt # City State Zip Code

Mailing Address (if different):

Number and Street Apt # City State Zip Code

Corporate operation facility has IRS 501(C)(3) tax exempt status. ☐ Yes ☐ No (Required attachment IRS letter)

At least 70% of facility's energy use is for residential purposes. ☐ Yes ☐ No

Is facility government-owned or operated? ☐ Yes ☐ No

FOR NONPROFIT GROUP-LIVING FACILITIES

Primary purpose and services offered by facility: ☐ Lodging ☐ Meals ☐ Rehabilitation ☐ Training ☐ Counseling ☐ Other

If other, please explain: _____

Total Number of Residents of facility: _____ Total Number of Residents who qualify as low income: _____

FOR HOMELESS SHELTERS

Number of beds: _____ Number of days occupied each year: _____

Name of Conditional Use Permit (Required attachment: Use Permit); or IRS 501(C)(3) tax exempt letter.

ANNUAL RECERTIFICATION: Total amount of discount received last year: \$ _____

What was the discount used for? _____

FOR LIBERTY ENERGY USE ONLY

Date Received _____
Denied _____

Date Certified _____
Employee Initials _____

(03/11 rev.)

Form No. 98-2200

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____

(T)

(T)

A nonprofit group-living facility may consist of a licensed "parent" facility AND related non-licensed "satellite" facilities at other locations.

The non-licensed satellite facilities are eligible for the discount provided:

- The parent facility is licensed by the appropriate state agency and meets all other criteria.
- At least 70% of the energy consumed by the satellite facility MUST be used for residential purposes. In addition, each satellite facility for homeless shelters must provide at least 6 beds for at least 180 days per year.
- The parent facility must appear as the customer of record on the energy bill for the satellite facility.

The nonprofit parent corporation must complete the following information for all qualified satellite facilities. If you are a satellite facility, contact your corporate facility.

For Nonprofit Group-living Facilities:

Service Address: _____
Account Number(s): _____

70% of energy used
For Residential Purpose

☐ Yes ☐ No

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No

For Homeless Shelters:

Service Address: _____
Account Number(s): _____

70% Res. No. Days/Yrs.
Energy Beds Occupied

☐ Yes ☐ No _____

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No _____

Service Address: _____
Account Number(s): _____

☐ Yes ☐ No _____

I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and accurate. I have verified the low income eligibility of all residents (not required for homeless shelters). I am responsible for the annual renewal of the facility's license from the appropriate State licensing department or for the Conditional Use Permit. I understand that Liberty Energy may verify the accuracy of this information and confirm the direct benefit to the residents through random sampling. Errors in information provided may cause the account(s) to be rebilled without the discount. My signature gives my consent for this information to be shared with my other utility companies, if applicable.

Authorized Representative's Name (please print)

Title

Authorized Representative's Signature

Date

Daytime Phone Number: _____

(03/11 rev.)

Form No. 98-2200

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____

PLEASE KEEP THIS INFORMATION SHEET

**LOW-INCOME RATEPAYER ASSISTANCE PROGRAM
FOR NONPROFIT GROUP-LIVING FACILITIES**

PLEASE PROVIDE ALL REQUESTED INFORMATION SO THERE WILL BE NO DELAYS IN PROCESSING YOUR APPLICATION

DISCOUNT: Your facility may qualify for a 20% discount on your electric rates.

ELIGIBILITY CRITERIA: *The Facility Must Meet All of the Following Criteria:*

For transitional housing (drug rehabilitation, half-way house), short-or long-term care facility (hospice), nursing homes, seniors' or children's home, or group home for physically or mentally disabled:

- Corporation operation facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must be licensed by the State Department of Social Services, Department of Drug and Alcohol Programs, Department of Health Services, or other appropriate state agency.
- Facility must provide service, such as meals or rehabilitation, in addition to lodging.
- 100 % of residents must meet current CARE eligibility guidelines for a single-person household. (See below.)
- 70% of the electricity supplied to the facility must be used for residential purposes.
- Satellite facilities in the name of the licensed parent facility, where 70% of the energy supplied is for residential purposes, are also eligible.

For Homeless Shelters:

- Corporation operating facility must have IRS tax exempt status under Code 501(C)(3).
- Facility must have a Conditional Use permit.
- Facility must provide at least six beds each night for a minimum of 180 days each year for persons who have no alternative residence.
- Primary function of facility is to provide lodging.
- 70% of electricity supplied to the facility must be used for residential purposes.

Facilities Not Eligible:

- A group-living facility offering only a place to live.
- Government-subsidized facility providing lodging only.
- Government-owned housing.
- Student housing, dormitories, fraternities, sororities, etc.

INDIVIDUAL ELIGIBILITY GUIDELINES:

Each resident's annual gross income does not exceed \$31,300, OR resident is receiving one of the following types of assistance:

- Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), State Supplementary Payment (SSP) benefits.
- Social Security, Veteran's, Disability, Unemployment or Retirement benefits.

ATTACHMENTS REQUIRED:

- A copy of IRS letter determining tax-exempt status or corporation operating the facility under IRS Code 501(C)(3).
- A copy of license from appropriate State agency, or a copy of Conditional Use Permit for each facility.

ANNUAL RECERTIFICATION:

Facility is required to re-certify annually and provide amount of discount received in prior year and an explanation of how the discount funds were used for the direct benefit of low-income residents. An application will be automatically sent to you each year.

Form No. 98-2220 (03/11 rev.)

Advice Letter No. 6-E

Decision No. _____

Issued by
Bob Dodds
Name
President and CEO
Title

Date Filed April 25, 2011

Effective May 25, 2011

Resolution No. _____

DCN# 8800-03-01-03 |



PROPERTY OWNER/MANAGER
STANDING ORDER REQUEST

PLEASE PRINT THE INFORMATION BELOW

CUSTOMERS NAME: SS #:
COMPANY NAME: TITLE:
(Owner or Attorney-in-fact)
MAILING/BILLING ADDRESS:
CITY: STATE: ZIP:
MAILING ADDRESS FOR CUSTOMERS (if other than billing address):
CITY: STATE: ZIP:
TELEPHONE NUMBER:
FOR SERVICES AT:
CITY: STATE: ZIP:
(If more than one address use the remarks section or attach a list)
REMARKS:

LEGAL SIGNATURE: DATE: / /
(Owner or Attorney-in-fact)

Liberty Energy will process your standing order request upon receipt of this signed agreement.

AGREEMENT

By executing this Standing Order Agreement, I acknowledge that I am the legal property owner or authorized agent and agree to the following terms and conditions:

1. Utility service(s) will automatically revert into the standing order holder name when a tenant requests termination of service(s). Each time service(s) is re-established in the standing order holder name, the applicable service establishment charge of \$25.00 will be applied to the next bill. It is understood that Liberty Energy will notify me in writing when utility service(s) revert into the standing order holder name and service(s) will remain on and be billed in my name until I contact your local business office.
2. This standing order does NOT prevent the utility from terminating service(s) for nonpayment of bills, fraud or non-compliance with Liberty Energy rules and regulations. It is further understood that Liberty Energy will notify me in writing when termination of service(s) occurs for any of these reasons.
Liberty Energy will attempt to provide verbal notification to Landlords/Owners that a termination has occurred when climatic conditions indicate that property damage may result. It is understood that verbal notification will be at the sole discretion of Liberty Energy and Liberty Energy will be held harmless from any liability resulting from a failure to provide such verbal notification.
3. The Landlord/Owner agrees to hold Liberty Energy harmless for any claim or injury to any person(s) or property that might be sustained as a result of termination of service(s) in accordance with paragraph 2 above. Service(s) will only be restored in these circumstances when a new application for service(s) is made with Liberty Energy.
4. The Landlord/Owner agrees to be responsible for payment on a timely basis of all utility service(s) at such time as the account is placed in the standing order holder name as a result of this standing order. The Landlord/Owner will not be held responsible for delinquent or outstanding bills rendered in the name of the tenant(s).
5. It is the responsibility of the Landlord/Owner or authorized person to notify Liberty Energy of any change in mailing address or change in ownership of property. This standing order will remain in full force and effect until such notification is given In Writing to Liberty Energy.
6. The Landlord/Owner is responsible for notifying each of its new tenants of their need to contact Liberty Energy and arrange for the transfer of service(s) into their name. Until such time, the standing order holder agrees to be responsible for any billing incurred.

Cancellation

Use

Only

I hereby give notice of my intent to cancel my standing order(s) at the location(s) indicated on this standing order request form
(if multiple orders - see attached listing) as of
Signature
(Standing order holder)
Date: / /
Date: / /

RETAIN: Standing Order Holder's Copy.

Revised 3/24/2011

Form No. 11-0400

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No.

President and CEO
Title

Effective May 25, 2011

Resolution No.



DECLARATION OF ELIGIBILITY FOR PERMANENT RESIDENTIAL BASELINE RATES

_____, applicant, hereby declares under oath that the quantities of electric energy which are being requested are for use at a permanent, full time, primary residence of the applicant. The applicant also declares that this residence is not a recreation, vacation, or second home.

WARNING: It is unlawful for an individual to receive a Permanent Residential Baseline Allowance for more than one residence. In the event Liberty Energy-California Pacific Electric Company discovers that a customer is receiving more than one allowance, (either from Liberty Energy-California Pacific Electric Company or another electric utility), the company is required by its rules and regulations to prosecute said customer to the full extent of the law.

Signature

Subscribed and sworn to before me this

_____ day of _____, 20__

Notary Public

Account Number _____

Service Address _____

Mailing Address _____

APPLIANCE INVENTORY – Please check which type of appliance your home is equipped with:

Water Heating – Electric _____, Gas _____, Oil _____

Space Heating – Electric _____, Gas _____, Oil _____, Other _____

Phone: 800-782-2506
Fax: 530-544-4811
933 Eloise Ave, South Lake Tahoe, CA 96150

Phone: 800-782-2506
Fax: 530-581-0341
701 National Ave, Tahoe Vista, CA 96148

Form No. 11-0500

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____



Liberty Energy
California Pacific Electric Co.

933 Eloise Avenue
South Lake Tahoe, CA 96150

701 National Ave
Tahoe Vista, CA 96148

Check Appropriate Box

New ☐ Date: _____
Existing Account ☐ Acct# _____
Add ☐
Change/Replacement ☐
Delete ☐ Planner _____

Outdoor Lighting Service Application

Date Light required _____ (Not ASAP)

Billing Information

Property Type Contract Name _____
Residential ☐ Attention _____
Multifamily ☐ Mailing Address _____
Subdivision ☐ Mailing City, State, Zip _____
Commercial ☐ Email Address _____
Phone # _____ Cell # _____ Fax# _____
Primary Residence: Yes No (circle one) Tax ID: _____ SS: _____

Property Address

Service Address _____
Service City, State, Zip _____
County: _____
☐ New Pole
☐ Existing Pole # _____
☐ Underground

High Pressure Sodium Outdoor Lights:

<input type="checkbox"/> 5,800 Lumen (70w)	No of Lights: _____
<input type="checkbox"/> 9,500 Lumen (100w)	No of Lights: _____
<input type="checkbox"/> 16,000 Lumen (150w)	No of Lights: _____
<input type="checkbox"/> 22,000 Lumen (200w)	No of Lights: _____

Your signature below ensures that the information provided is correct.

Applicant's Signature (Must be signed) _____
Printed Name _____ Date _____

Form No. 11-0600

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____



MEDICAL BASELINE ALLOWANCE

Application Used for Medical Baseline Enrollment and Re-Certification

PART 1 TO BE COMPLETED BY CUSTOMER (please print)

Liberty Energy Account #:

Customer Name (as it appears on your bill):

Medical Baseline Resident's Name (if different):

Service Address: _____

Customer Mailing Address (if different):

Home Phone: () Work Phone: ()

For Customers Billed by Someone other than Liberty Energy

Name of Mobile Home Park or Apartment Complex:

Complex Address: _____

Complex Manager's Name: _____ Complex Phone: () _____

Complex Phone: ()

Name of Tenant: _____ Tenant's Phone: () _____

Tenant's Phone: ()

I understand that:

1. If the doctor certifies the resident's medical condition is permanent, Liberty Energy will require completion of a form self-certifying that the resident continues to be eligible for Medical Baseline every two years.
2. If the doctor certifies the resident's medical condition is not permanent, Liberty energy will require the completion of a form self-certifying the resident's eligibility for Medical baseline each year and completion of a new application with a doctor's certification every two years.
3. Liberty Energy cannot guarantee uninterrupted electric service and I am responsible for making alternate arrangements in the event of an electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline Resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow Liberty Energy to verify this information.

I also agree to promptly notify Liberty Energy if the qualified Resident moves or Medical Baseline Allowance is no longer needed by the resident.

Customer Signature: _____ Date: _____

Date:

Form No. 11-0700

(03/11 rev.) Page 1 of 2

Advice Letter No. 6-E

Issued by

Bob Dodds

Name _____

Date Filed April 25, 2011

Decision No.

President and CEO

Title

Effective May 25, 2011

Resolution No. _____



MEDICAL BASELINE ALLOWANCE
Application Used for Medical Baseline Enrollment and Re-Certification

PART 2 TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.) OR DOCTOR OF OSTEOPATHY (D.O.)

I certify that the medical condition and needs of my patient (*please print*):

Last name First Name

1. Requires use of a life-support device*(check one) ☐ YES ☐ NO

The following life-support device(s) is/are used in the above named patient's home:

Device: _____

Device: _____

Device: _____

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on electricity supplied by Liberty Energy. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IBB machines, kidney dialysis machines, and motorized wheelchairs. Devices used for therapy rather than life-support do not qualify.

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, and Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if a patient has a compromised immune system, life threatening illness, or any other condition for which additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.

Requires Standard Medical Baseline Allowance for *heating*: (check one) ☐ YES ☐ NO

Requires Standard Medical Baseline Allowance for *cooling*: (check one) ☐ YES ☐ NO

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately:

(complete one) ☐ # of Years _____ OR ☐ Permanently

Doctor's Name: _____ Phone #: () _____

Office Address: _____

MD/DO California State License or Military License Number: _____

Signature of Doctor: _____ Date: _____

FOR LIBERTY ENERGY USE ONLY Date Received: _____ Medical Baseline Allocation: _____

Recertification: ☐ Self-certify every 2 years ☐ Self-certify annually; Doctor's certification every 2 years

Mail To: Liberty Energy-California Pacific Electric Company, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe CA 96150

Form No. 11-0700

(03/11 rev.) Page 2 of 2

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____



Liberty Energy

California Pacific Electric Company

**MEDICAL BASELINE ALLOWANCE
Self-Certification**

TO BE COMPLETED BY CUSTOMER (please print)

Liberty Energy Account #: _____

Customer Name (as it appears on your bill): _____

Medical Baseline Resident's Name (if different): _____

Service Address: _____

Customer Mailing Address (if different): _____

Home Phone: () Work Phone: ()

For Customers Billed by Someone other than Liberty Energy

Name of Mobile Home Park or Apartment Complex: _____

Complex Address: _____

Complex Manager's Name: _____ Complex Phone: ()

Name of Tenant: _____ Tenant's Phone: ()

I understand that:

1. If the doctor certifies the resident's medical condition is permanent, Liberty Energy will require completion of a form self-certifying that the resident continues to be eligible for Medical Baseline every two years.
2. If the doctor certifies the resident's medical condition is not permanent, Liberty energy will require the completion of a form self-certifying the resident's eligibility for Medical baseline each year and completion of a new application with a doctor's certification every two years.
3. If the resident has a vision disability, I may contact Liberty Energy to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
4. Liberty Energy cannot guarantee uninterrupted electric service and I am responsible for making alternate arrangements in the event of an electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline Resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow Liberty Energy to verify this information.

I also agree to promptly notify Liberty Energy if the qualified moves or Medical Baseline Allowance is no longer needed by the resident.

Customer Signature: _____ Date: _____

FOR LIBERTY ENERGY USE ONLY Date Received: _____ Medical Baseline Allocation: _____

Recertification: ☐ Self-certify every 2 years ☐ Self-certify annually; Doctor's certification every 2 years

Mail To: Liberty Energy-California Pacific Electric Company, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe CA 96150

(03/11 rev.) Page 1 of 1

Form No. 11-0710

Advice Letter No. 6-E

Issued by
Bob Dodds

Date Filed April 25, 2011

Decision No. _____

Name
President and CEO
Title

Effective May 25, 2011

Resolution No. _____



Liberty Energy

California Pacific Electric Company
933 Elsie Avenue
South Lake Tahoe, CA 96150

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: _____
Name of Doctor or Hospital

Address

This will serve as your authorization to release information to Liberty Energy – California Pacific Electric Company (CalPeco) regarding my physical condition or disability.

DATED this _____ day of _____, 20____.

Name

Address

(03/11 rev.)

Form No. 11-0720

Advice Letter No. 6-E

Issued by
Bob Dodds

Date Filed April 25, 2011

Decision No. _____

Name
President and CEO
Title

Effective May 25, 2011

Resolution No. _____



MÉDICOS ASIGNACION INICIAL

Aplicación que se utiliza para la inscripción de referencia médica y renovación de la certificación

PARTE 1 y se complete con los clientes (en letra de imprenta)

Libertad Cuenta de Energia #:

Nombre del cliente (como aparece en su factura):

Nombre del Medico Residente de linea de base (si es diferente):

Direccion de Servicio:

Cliente de correo electronico (si es diferente):

Telefono de la casa: ()

Telefono de trabajo: ()

Para los clientes facturados por alguien que no sea la libertad de Energia

Nombre del parquet para casas moviles o complejo de apartamentos:

Complejo Direccion:

Administrador del Complejo Nombre: Complejo de teléfono: ()

Nombre del Inquilino: Teléfono del inquilino: ()

Entiendo que:

1. Si el medico certifica la condicion medica del residente es permanente, la libertad de Energia sera necesario completer un formulario de auto-certificar que el residente continua siendo elegible para la medica inicial cada dos anos.
2. Si el médico certifica la condición médica del residente no es permanente, la energía Libertad requerirá la realización de un fomulario de auto-certificación de elegibilidad de los residentes de médicos de referencia de cada año y la finalización de una nueva aplicación con la certificación de un médico cada dos años.
3. Libertad de la energia no puede garantizar el servicio eléctrico sin interrupciones y yo soy responsable de hacer los arreglos alternativos en caso de una interrupción eléctrica.

Yo certifico que la informacion anterior es correcta. También certifico que el Médico Residente de referencia vive a tiempo completo en esta dirección, y requiere o sigue exigiendo la asignación médica inicial. Estoy de acuerdo en permitir la libertad de Energia para verificar esta informacion..También estoy de acuerdo en notificar de inmediato la libertad de Energia, si se mueve el calificado o asignación médica inicial ya no es necesario por el residente.

Firma del cliente: Fecha:

Form No. 11-0750

(03/11 rev.) Page 1 of 2

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No.

President and CEO
Title

Effective May 25, 2011

Resolution No.



MÉDICOS ASIGNACION INICIAL
Aplicación que se utiliza para la inscripción de referencia médica y renovación de la certificación

PARTE 2 A ser completado por un médico con licencia (MD) o doctor en osteopatía (DO)

Yo certifico que la condición médica y las necesidades de mi paciente (en letra de imprenta):

1. Apellido nombre primero

Requiere el uso de un dispositivo de soporte de vida* (marque una) ☐ Si ☐ NO

El siguiente dispositivo de soporte de vida (s) es / son utilizados en el hogar del paciente nombrado arriba:

Device: _____

Device: _____

Device: _____

* Un dispositivo de calificación de soporte de vida es un dispositivo médico utilizado para sostener la vida o que se invoque para la movilidad. Este dispositivo debe funcionar con electricidad suministrada por la Libertad de la Energía. Incluye, pero no se limita a, los respiradores (concentradores de oxígeno), pulmones de acero, máquinas de hemodiálisis, las máquinas de succión, estimuladores nerviosos eléctricos, almohadillas de presión y bombas, tiendas de campaña en aerosol, nebulizadores electrostáticos y ultrasónicos, compresores, máquinas de IBB, máquinas de diálisis renal, y sillas de ruedas motorizadas. Los dispositivos utilizados para la terapia en lugar de apoyar la vida-no califican.

2. Requiere de calefacción y refrigeración:

Los derechos de emisión de referencia estándar de médicos están disponibles para la calefacción y / o enfriamiento si el paciente es parapléjico, tetrapléjico, y hemipléjico, tiene esclerosis múltiple o la esclerodermia. Los derechos de emisión de referencia estándar de médicos también están disponibles si un paciente tiene un sistema inmune comprometido, la enfermedad mortal, o cualquier otra condición que adicionales de calefacción o refrigeración es médicamente necesario para sostener la vida de la persona o evitar el deterioro de la condición médica de la persona.

Requiere estándar asignación médica inicial para la calefacción: (marque una) ☐ Si ☐ NO

Requiere estándar asignación médica inicial para la calefacción: (marque una) ☐ Si ☐ NO

3. Yo certifico que el dispositivo de soporte de vida (s) y / o adicionales de calefacción o refrigeración se requiere de aproximadamente:

(Completo) ☐ # de años _____ OR ☐ permanentemente

Nombre del médico: _____ Teléfono #: () _____

Dirección de la oficina: _____

MD / DO licencia del Estado de California o el número de licencia militar: _____

Firma del Médico: _____ Fecha: _____

PARA USO DE LA LIBERTAD DE ENERGÍA SOLO Fecha de recepción: _____ Médico de asignación de referencia: _____

Recertificación: ☐ Auto-certificación cada 2 años ☐ Auto-certificar anualmente, la certificación del médico cada 2 años

Form No. 11-0750

(03/11 rev.) Page 2 of 2

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____

CALIFORNIA PACIFIC ELECTRIC COMPANY, LLC
SOUTH LAKE TAHOE, CALIFORNIA

Original
Canceling _____

CPUC Sheet No. 495
CPUC Sheet No. 495

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Advice Letter No. 6-E

Decision No. _____

Issued by

Bob Dodds

Name

President and CEO

Title

Date Filed April 25, 2011

Effective May 25, 2011

Resolution No. _____



AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN MÉDICA

TO: _____

Nombre del médico u hospital

dirección

Esto le servirá como autorización para divulgar información a la Libertad de Energía-
California Pacific Electric Company (CalPeco) con respecto a mi condición física o
discapacidad.

FECHA este _____ día de _____, 20____.

nombre

dirección

(03/11 rev.)

Form No. 11-0770

Advice Letter No. 6-E

Issued by
Bob Dodds

Name

Date Filed April 25, 2011

Decision No. _____

President and CEO

Title

Effective May 25, 2011

Resolution No. _____



SURETY BOND / BILL GUARANTY

BOND# _____

In consideration of Liberty Energy – California Pacific Electric Company (CalPeco) furnishing electric service to (a) (Applicant) without demanding that the Applicant provide a cash deposit as security for payment for the Utility Service, I guarantee the prompt payment of all bills due or to become due for the Utility Service provided to Applicant.

If the Applicant does not pay the entire amount due for the Utility Service after CalPeco has demanded payment from the Applicant, I will pay all amounts due for the Utility Service to CalPeco, up to but not exceeding the total of (b) ONE THOUSAND FIVE HUNDRED TWENTY FIVE DOLLARS AND 00/100 (\$1525.00).

I authorize CalPeco to transfer any past due closing bill (limited to the amount of this guaranty and similar service type) for the Utility Service provided to Applicant to my current account or any subsequent account I have with CalPeco. I agree that CalPeco may disconnect service to any or all accounts to which the closing bill is transferred if the bill is not paid. (This clause does not apply to a bonding and/or insurance company using a surety bond).

I waive notice of acceptance of this guaranty, presentation of bills and other collection notices, and consent without further notice to any extension of time granted to the Applicant for payment of any amount due.

I agree that I cannot require CalPeco to pursue any remedy CalPeco might have against Applicant as a prerequisite to pursuing any remedy CalPeco may have against me under this guaranty.

I agree to pay CalPeco all costs and expenses it shall incur associated with collection proceedings, including reasonable attorneys' fees, in the event that CalPeco must institute any such proceedings to collect any amount due under this guaranty.

I agree this guaranty will remain in effect until either (1) the applicant's accounts under which the Utility Service is provided are closed, (2) Applicant establishes Credit pursuant to Rule No. 6, or (3) twenty days after CalPeco receives a written notice from me of termination of this guaranty sent "return receipt requested" to 933 Eloise Av. South Lake Tahoe, CA 96150. I guarantee the payment of all amounts due for the Utility Service as of the time of the termination of this guaranty.

This guaranty shall at all times be subject to such changes or modification by the California Public Utilities Commission as it may, from time to time, direct in the exercise of its jurisdiction.

(c) _____
Name of Guarantor(s) (if surety or bonding company, print name of company)

I declare under penalty of perjury under the laws of the State of California that I am the individual whose name has been signed as guarantor of this agreement.

(d) _____
Name of Guarantor(s)

(e) Executed this _____ day of _____, 20____
At _____
City, State

<p>FOR OFFICE USE ONLY</p> <p>CIRCLE ONE: RES/GS</p> <p>APPLICANT'S ACCOUNT NO. (i) _____</p> <p>GUARANTOR'S ACCOUNT INFORMATION</p> <p>ACCOUNT NO. (j) _____</p>

(f) _____
Signature of Guarantor(s)

(g) _____
Signature of Guarantor(s)

(h) _____
Address

City, State and Zip Code

Form No. 11-0800

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____

What are the requirements in the acceptance of a Surety Bond?

A Surety Bond can be obtained from your insurance company or insurance broker.

- *Issue in the account name as the CalPeco account is held, cannot be issued to a dba (doing business as) name.*
- *No service address, mailing address of CalPeco account number should be listed on the Surety Bond.*
- *The completed Surety Bond with embossed seal, Power of Attorney Page and Notary's Acknowledgement Page copy should be forwarded by fax for acceptance.*

The completed Bond form should be forwarded by fax for acceptance.

Fax to: 530-544-4811

CalPeco will notify you once the form is accepted. Once you are notified, please mail the original documents to:

Liberty Energy – California Pacific Electric Company
Attn: Billing
933 Eloise Av
South Lake Tahoe CA 96150

NOTE: THIS IS A LEGAL DOCUMENT AND CANNOT BE ALTERED OR MODIFIED IN ANY WAY.

Key Codes

- (c) Name of Bonding Company
- (d) Printed name from line (f)
- (e) Date bond is in full effect (must match notary date)
- (f) Attorney-in-fact signature
- (g) Leave Blank
- (h) Address of Bonding Company
- (i) Leave blank
- (j) Leave blank

Form No. 11-0800

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

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Resolution No. _____



COMMERCIAL UTILITY SERVICE APPLICATION

To apply for commercial utility service the following items must be submitted:

1. Commercial Utility Service Application
2. Copy of Business License (if not available, a copy of the Business License application and Paid Business License application receipt may be provided).

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that these statements are made for the purpose of obtaining service from Liberty Energy – California Pacific Electric Company, and that any information that is missing or purposely misleading may result in delay or denial of service, and may lead to criminal prosecution.

Name (Owner, Partner or Officer): _____

Owner's Signature: _____ Date: _____

Date Service Requested: _____ Type of Business (i.e. Apartment, Restaurant) _____

Business Name: _____

Service Address (number and street): _____

City: _____ State: _____ Zip: _____

Billing Address (number and street): _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Circle One: ☐ Sole Proprietor ☐ Partnership ☐ Corporation

Federal Tax ID: _____ Social Security # or Driver's License #: _____

Days/Hours of Operation: _____ Square Foot of Business: _____

If bills are mailed out of town, please provide name, address and phone # of local contact.

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Landlord: _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Phone #: _____

If a corporation, please provide the following information:

Name of Parent Corporation: _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Phone #: _____

Resident Agent's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

If a partnership, please provide name, home address, and phone for each partner (attach additional sheet(s) if necessary):

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

NOTE: Please be advised that a deposit is required for all new commercial accounts. Your deposit may be waived with current/prior satisfactory credit in the same business name, an irrevocable letter of credit, current excellent credit report from Dun & Bradstreet, or surety bond (if required deposit is over \$5,000).

PLEASE RETURN TO: Liberty Energy – California Pacific Electric Company 933 Eloise Ave., South Lake Tahoe, CA 96150

(03/11 rev.)

Form No. 11-0900

Advice Letter No. 6-E

Issued by
Bob Dodds
Name

Date Filed April 25, 2011

Decision No. _____

President and CEO
Title

Effective May 25, 2011

Resolution No. _____