



SOUTHWEST GAS CORPORATION

**CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION
(CALIFORNIA & NEVADA)**

Southwest Gas Corporation (SWG) requests the following information regarding the health and/or disability condition of the patient named below. The information provided shall be for the exclusive use of SWG to help ensure that the gas service for the patient will not be wrongfully terminated or interrupted longer than reasonably necessary. This form must be completed and returned to SWG within fifteen (15) days of obtaining the required signatures. This form is valid for the service address listed below. An updated form is required if the person listed on this form moves to a different address, or at the request of SWG.

SWG Customer of Record _____

SWG Account No. _____ SWG Customer Date of Birth _____

Visite a www.swgas.com o llame (sin cargo) al 1-877-860-6020 para obtener una versión en español.

Please Print

This is to certify that _____
Patient's Last Name First Name MI Date of Birth

is the customer of record or a permanent resident at _____
Service Address

_____ on _____, _____.
Month and Day Year

Termination or prolonged interruption of gas service would be especially dangerous to the above-named individual because of a health and/or disability condition. Yes No

Is condition permanent? Yes No If no, expected recovery date _____

Name and title of attending physician, public health nurse, or social worker (please print)

Signature of physician, public health nurse, or social worker Title

Name of medical or other facility where service is rendered (please print)

Date Signed Telephone Number

I hereby certify that I have read the above statements and they are correct, and further consent to the use of such information by SWG for the purposes stated herein.
→ _____
Signature of SWG Customer of Record Date Signed

SOUTHWEST GAS CORPORATION

For more information visit www.swgas.com/residential/specialprograms or call toll free 1-877-860-6020

Return the signed form to Southwest Gas at:

Fax 1-866-997-9427

Mail PO Box 1498, Victorville, CA 92393

Email customerinfo@swgas.com

Southwest Gas Corporation does not guarantee the privacy or security of faxed or electronic mail documents. By sending or requesting information be sent via facsimile or electronic mail, you are agreeing to accept any associated risk.