



SOUTHWEST GAS CORPORATION

CERTIFICATION OF HEALTH AND/OR DISABILITY CONDITION (ARIZONA)

This form must be completed and signed by a licensed physician and returned to Southwest Gas Corporation within fifteen (15) days of obtaining the required signatures. The information provided shall be for the exclusive use of Southwest Gas Corporation to help insure that the gas service, for the individual stated herein, will not be wrongfully terminated, or interrupted longer than reasonably necessary. This form is valid for the service address listed below. An updated form is required if the individual stated herein moves to a different address, or at the request of Southwest Gas Corporation.

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 _____
Applicant's Last Name *First Name* *MI*

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 _____

The Arizona Corporation Commission has defined weather especially dangerous to health as "That period of time commencing with the scheduled termination date when the local weather forecast, as predicted by the National Oceanographic and Administrative Service, indicates that the temperature will not exceed 32° Fahrenheit for the next day's forecast." In accordance with the definition, is the customer's condition affected by seasonal changes or other circumstances? Yes No

Period of time when termination or prolonged interruption of gas service would be especially dangerous to health:

Name of attending physician (please print)

Signature of physician

Title

Name of medical or other facility where service is rendered

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 Southwest Gas Corporation for the purposes stated herein.

Signature of customer or permanent resident

Date Signed

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For more information visit www.swgas.com/residential/specialprograms/health.php 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.