



## **APPLICATION BY TEMPERATURE SENSITIVE CUSTOMER FOR ADVANCE NOTIFICATION OF ROTATING POWER OUTAGES**

### **IMPORTANT INFORMATION**

This application provides the means for a customer who has a health condition which places the customer at increased health risk from temperature extremes to receive advance notification of a rotating power outage (rolling blackouts) if scheduled to affect the household noted on the application. The application may also be used by a customer for a person living in the customer's immediate household with a temperature sensitive health condition. The advance notification will be by phone call to the telephone number designated by the customer.

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

Completion and acceptance of this form will enable SCE to attempt to notify the customer in advance of a rotating power outage that may affect the designated Service Address in item #5 of the Application. Individual timely notification, however, cannot be guaranteed because of time, manpower, or communication limits, or because of daily circuit switching which may temporarily change the customer's rotating outage group. **Acceptance of this form will not provide an exemption from rotating outages.**

Incomplete or false information on this application may cause us to postpone, deny adding, or to remove your name from the advanced notification list. You must also agree to let us know 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.

### **Return the completed form to:**

**Southern California Edison  
Temperature Sensitive Customer Representative  
P.O. Box 6400  
Rancho Cucamonga, CA 91729**

NOTE: While Southern California Edison strives to provide the most reliable electric service possible, please be advised that SCE does not and cannot guarantee a continuous or sufficient supply of electricity or freedom from interruption. This provision is contained in the Company's Tariff Rule 14 at <http://www.sce.com>, click on Regulatory Information Center, then click on rules. Besides rotating outages, you could experience an unanticipated and unannounced interruption in your service due to numerous reasons, including for example an earthquake, fire, windstorm, lightning strike, or even a car colliding with a power pole.

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COMPLETE THIS PORTION. (PLEASE PRINT)

1. Name of temperature sensitive resident: \_\_\_\_\_
2. If qualifying resident is not the customer named on the SCE bill, please state the customer's name and the relationship of the qualifying resident:

\_\_\_\_\_  
CUSTOMER NAME

\_\_\_\_\_  
RELATIONSHIP OF QUALIFYING RESIDENT

3. Telephone number SCE should call when providing advance notification:

( \_\_\_\_\_ ) \_\_\_\_\_

4. SCE Service Account Number: \_\_\_\_\_

5. Service Address:

\_\_\_\_\_  
ADDRESS AND STREET

\_\_\_\_\_  
APT NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
CA  
STATE

\_\_\_\_\_  
ZIP CODE

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

\_\_\_\_\_  
ADDRESS AND STREET

\_\_\_\_\_  
APT NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
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 for up to 2 years. A new application must be submitted and approved by SCE no later than December 31 of the year the application is set to expire, for the customer to continue to receive advance notification of rotating outages.**

**UTILITY USE ONLY** Time approved:  2 years, beginning \_\_\_\_\_ Internet  
Approved/Denied by: \_\_\_\_\_ Date processed: \_\_\_\_\_