

# Temperature Sensitive enrollment & renewal

*Our Temperature Sensitive program gives advanced notification of state-directed power outages to those who have an increased health risk from extreme temperatures.*

To qualify, you must have a health condition that places you at increased risk when exposed to extreme temperatures. 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.

Those who qualify will be notified in advance of a rotating power outage. Notification cannot be guaranteed due to staffing limits, communications or technical issues. **Acceptance into this service does not provide an exemption from rotating power outages.**

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

**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.**



If you have any questions or need further assistance, please call **1-800-411-7343**.

**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):

<input type="text"/>	<input type="text"/>
Customer name	Relationship of qualifying resident

**3** Telephone number for advanced notification:  
(       )  
  
Area code

**4** Customer's SDG&E account number:

**5** Service address:

<input type="text"/>	<input type="text"/>
Street	Unit number
<input type="text"/>	<input type="text"/>
City	Zip code

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

<input type="text"/>	<input type="text"/>
Street	Unit number
<input type="text"/>	<input type="text"/>
City	Zip code

**7** Email:

**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.**

<input type="text"/>	<input type="text"/>
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 \_\_\_\_\_