

Residential Accounts with Arrearages in Excess of \$10,000

Company Name:

Year Being Reported:

Filed By:

Date of "Snapshot":

Phone:

If NO accounts to report, check this box:

Email:

Use DATE format for 3(a) and 3(b)

Data in #5-8 should be from #3(a) Original Date Account Established (Column E)

1. Unique Acct ID	2. Account Balance as of December 31st	3(a). Original Date Account Established	3(b). Date Account Reestablished (if applicable)	4. Avg Monthly Bill (prev 12 months)	5(a). # of PUC Informal Complaints	5(b). # of PUC Formal Complaints	6. # of Company PARs	7. # of Times Terminated for Non-Payment	8. # of 10-Day Termination Notices Issued	9. Account is Confirmed Low-Income (YES or NO)
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Medical Certificates for Residential Accounts

Company Name:

Year Being Reported:

Filed By:

Date Submitted:

Phone:

Email:

# of Med Certs/Renewals Submitted by Residential Customers in 2025	# of Residential Med Certs/Renewals Accepted by Utility in 2025
0	0