



“WE EAT TERMITES FOR LUNCH”

*****IMPORTANT INFORMATION REGARDING YOUR GAS SERVICE*****

Southern California Gas Company (The Gas Company) and Pacific Gas & Electric (PG & E) have determined that only utility company personnel may shut off and restore gas service before and after the tarp fumigation. Fumigation contractors are not authorized to perform this service.

SHUTOFF: The shut off will be scheduled by our arranged fumigation contractor. The gas will be shut off between 7am and 11 am the morning of the fumigation. In certain circumstances the gas service will be shut off the day prior to the fumigation. >>**PLEASE MAKE SURE THE GAS COMPANY HAS ACCESS TO YOUR METER. CLEAR ALL OVERGROWN FOLIAGE FOR EASY ACCESS**<<.

RESTORING SERVICE: The owner/agent or tenant must schedule the restoration of gas service.

A 48-hour notice is required by the Gas Company to restore your service.

Signature: _____

The gas company requires that you present the certification for re-entry to them when they arrive to restore your service. The certificate will be posted on the entry door and gas meter upon completion and authorization to re-enter by the fumigation contractor.

Restoration of gas service may be scheduled by contacting THE GAS COMPANY at the following number: SO CAL GAS 800-427-2200 or your PROPANE COMPANY.

*****ALL PROPERTIES WITH PROPANE GAS TANKS. THE FUMIGATION AND/OR TERMITE COMPANY WILL NOT TURN OFF/ON YOUR PROPANE TANK. IT IS THE SOLE RESPONSIBILITY OF THE HOME OWNER OR RESPONSIBLE PARTY TO CONTACT YOUR PROPANE COMPANY TO MAKE ARRANGEMENTS PRIOR TO FUMIGATION. IF PROPANE TANK IS NOT TURNED OFF THE MORNING OF SCHEDULED FUMIGATION DATE, YOUR FUMIGATION WILL BE CANCELLED AND A TRIP SERVICE FEE OF \$150.00 WILL BE BILLED.**

MULTIPLE METER PROPERTIES: If you share a line with a neighboring residence, your neighbor must be notified that there is a possibility that their service may be shut off as well. A signature will be required from your neighbor that they have been informed of the fumigation and may lose service.

Fumigation Address _____ Fumigation Date _____
Neighboring Address _____ Meter Number _____
Neighbor Name _____ Phone _____
Neighbor Signature _____ Date _____