

**AUTHORIZED GAS UTILITY REPRESENTATIVES**

**PSC R.103-412.2.4: Authorized Representative.** *The gas utility shall advise the commission and the ORS of the name, address and telephone number of the person, or persons to be contacted in connection with: a. General management duties; b. Customer relations (complaints); c. Engineering and/or Operations; d. Meter tests and repairs; e. Emergencies during non-office hours.*

**CERTIFICATED COMPANY INFORMATION**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
dba/fka

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
City, State, Zip Code

**Please PRINT authorized representative's name and contact information for the following:**

**a. General Manager**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

/Facsimile Number

/E-mail Address

**b. Customer Relations/Complaints** [attach a list of contacts, if different for verbal, written & escalated complaints.]

**1. \_\_\_\_\_  
Customer Relations/Complaints Representative for Written Complaints**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number    /Facsimile Number            /E-mail Address**

**2. \_\_\_\_\_  
Customer Relations/Complaints Representative for Verbal Complaints**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number    /Facsimile Number            /E-mail Address**

**3. \_\_\_\_\_  
Customer Relations/Complaints Representative for Escalated Complaints**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number    /Facsimile Number            /E-mail Address**

**c. Engineering and/or Operations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number      /Facsimile Number      /E-mail Address**

**d. Meter Tests and Repairs**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number      /Facsimile Number      /E-mail Address**

**e. Emergencies during non-office hours**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Telephone Number      /Facsimile Number      /E-mail Address**

\_\_\_\_\_  
**Home Phone Number      /Cell Phone Number**

**RETURN COMPLETED FORM TO:**

Public Service Commission of SC  
Docketing Department  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

And

Office of Regulatory Staff  
Attn: Susan Hauptmann  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201