## **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.

<u>CERT</u>	IFICATED COMPANY	<u> INFORMATION</u>
Company Name		
dba/fka		Telephone #
Mailing Address		
City, State, Zip Code		
Business Location		
City, State, Zip Code		
Please PRINT authorized following:  a. General Manager	representative's nam	e and contact information for the
		·
Telephone Number	/Facsimile Number	/E-mail Address

Custo	omer Relations,	Complaints Representa	tive for <u>Written Complaints</u>
Геlер	hone Number	/Facsimile Number	/E-mail Address
Custo	mon Deletions	(Compleinte Bennegente	ntive for <u>Verbal Complaints</u>
custo	mer Kelations,	Complaints Representa	tuve for <u>verbal Complaints</u>
Гelep	hone Number	/Facsimile Number	/E-mail Address
Custo	omer Relations,	Complaints Representa	tive for <u>Escalated Complaints</u>

b.

Engineering and/or O	perations 	
Telephone Number	/Facsimile Number	/E-mail Address
Meter Tests and Repai	rs	
Telephone Number	/Facsimile Number	/E-mail Address
Emergencies during n	on-office hours	
Telephone Number	/Facsimile Number	/E-mail Address
reiephone Number	/ Facsinne Number	/E-man Address
<b>Home Phone Number</b>	/Cell Phone Number	
RETURN COMPLETE	FORM TO:	
Public Service Commission Docketing Department 101 Executive Center Driv Columbia, South Carolina	e, Suite 100	
And		
Office of Regulatory Staff <b>Energy Operations</b> 1901 Main Street, Suite 15 Columbia, South Carolina		