## **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>CERTIFICATE</u>	D COMPANY INFORMATION
Company Name	_
dba/fka	Telephone #
Mailing Address	_
City, State, Zip Code	_
Business Location	_
City, State, Zip Code	_
Please PRINT authorized represen following:	ntative's name and contact information for the
a. General Manager	
Telephone Number /Facsin	mile 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	irs	
Telephone Number	/Facsimile Number	/E-mail Address
Emergencies during n	on-office hours	
Telephone Number	/Facsimile Number	/E-mail Address
	·	,
<b>Home Phone Number</b>	,	
RETURN COMPLETE	D FORM TO:	
Public Service Commission Clerk's Office	on of SC	
101 Executive Center Driv Columbia, South Carolina		
And	1 29210	
Office of Regulatory Staff Energy Operations 1401 Main Street, Suite 90 South Carolina 29201		