Names and Address of Authorized Representative(s)/Billing

Date		February 5, 2018				
Name of Uti	lity	Alameda Municipal Power				
Mailing Add	ress	2000 Grand Street				
		Alameda, CA	94501-0263			
Individuals	to Call for Emergency Assistance:	:				
<u>AUTHORIZI</u>	ED REPRESENTATIVE:					
Name	Nicolas Procos					
Title	General Manager	Address	2000 Grand St, Alameda, CA 94501			
E-Mail	Procos@alamedamp.com	Pager No.				
Day Phone	510-748-3905	Night Phone	510-336-0825			
FAX		 Cellular	510-846-2037			
ALTERNAT	E AUTHORIZED REPRESENTAT	·IVE(S):				
Name	Andre Basler					
Title	AGM – Engineering/Operations	Address	2000 Grand St, Alameda, CA 94501			
E-Mail	Basler@alamedamp.com	Pager No.				
Day Phone	510-748-5657	Night Phone	510-560-5060			
FAX		Cellular	510-682-0372			
Name	Bob Orbeta					
Title	AGM – Administration	Address	2000 Grand St, Alameda, CA 94501			
E-Mail	Orbeta@alamedamp.com	 Pager No.				
Day Phone	510-748-3910	 Night Phone	510-522-1733			
FAX		 Cellular	510-715-8676			

DISPA	DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:					
Name	David Steves					
Title	Chief System C)perator				
Addr ess	2000 Grand St	, Alameda, CA 94501				
Phon e	510-748-3966	Fax				
BILLI	NG/PAYMENT	ADDRESS:				
Depar	rtment of Utility	Financial Services Section				
Billing Addre	g/Payment ess	2000 Grand St, Alameda, CA 94501				
Telepl	hone No.	510-748-3900				
Fax/l						

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

		8/26,	/14
Name of Utility Alpine Nat		ral Gas Operati	ing Company No. 1, LLC
Mailing Address P.O.		ox 550 Valley S	Springs, CA 95252
Individuals t	to Call for Emergency Assistance	:	
	ED REPRESENTATIVE:		
Name	Michael Lamond		
Title	Administrator/CFO	Address	
E-Mail	mike@alpinenaturalgas.com	Pager No.	
Day Phone	209-772-3006	Night Phone	
FAX	209-772-3008	Cellular	209-304-3206
ALTERNAT	E AUTHORIZED REPRESENTAT	IVE(S):	
Name	Matt Helm		
Title	Gas Operations Supervisor	Address	
E-Mail		Pager No.	
Day Phone	209-772-3006	— Night Phone	2
FAX		Cellular	209-559-7176
Name	Luke Frey,		
Title	Qualified Gas Operator	Address	
E-Mail		Pager No.	
Day Phone	209-772-3006	 Night Phone	
FAX		Cellular	209-810-3710
1	CENTER WITH 24-HOUR TELEI		
1	CENTER WITH 24-HOUR TELEI Alpine Natural Gas has a 24 hou	PHONE ANSW	ERING:
DISPATCH (PHONE ANSW	
DISPATCH (Name Title		PHONE ANSW	ERING:
DISPATCH (Name		PHONE ANSW	ERING:
DISPATCH (Name Title Address Phone	Alpine Natural Gas has a 24 hou 209-772-3006	PHONE ANSW ir answering s	ERING:
DISPATCH (Name Title Address Phone	Alpine Natural Gas has a 24 hou 209-772-3006 AYMENT ADDRESS:	PHONE ANSW ir answering s	ERING:
DISPATCH (Name Title Address Phone BILLING/PA Department	Alpine Natural Gas has a 24 hou 209-772-3006 AYMENT ADDRESS:	PHONE ANSW ir answering s	ERING:
DISPATCH (Name Title Address Phone BILLING/PA Department	Alpine Natural Gas has a 24 hou 209-772-3006 AYMENT ADDRESS: of Utility As Above	PHONE ANSW ir answering s	ERING:
DISPATCH (Name Title Address Phone BILLING/PA Department	Alpine Natural Gas has a 24 hou 209-772-3006 AYMENT ADDRESS: of Utility As Above ment Address	PHONE ANSW ir answering s	ERING:

Information provided to 2014 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		1/30/2018				
Name of Util	ity City of A	City of Anaheim, Public Utilities Department				
Mailing Add	Mailing Address		Blvd. #1101			
		Anaheim, C	A 92805			
Individuals	to Call for Emergency Assistand	ce:				
<u>AUTHORIZ</u>	ED REPRESENTATIVE:					
Name	Dennis Schmidt					
Title	NERC Compliance &	Address				
	Emergency Planning Mgr.					
E-Mail	dschmidt@anaheim.net					
Day Phone	714-765-4230	Night Phone	714-493-7171			
FAX	Please email	Cellular	714-493-7171			
<u>ALTERNAT</u>	E AUTHORIZED REPRESENTA	TIVE(S):				
Name	Janet Lonneker					
Title	Assistant GM - Electrical	Address				
E-Mail	<u>jlonneker@anaheim.net</u>	-				
Day Phone	714-765-5025	Night Phone	714-336-3862			
FAX	Please email	Cellular	714-336-3862			
Name	Michael Moore					
Title	Assistant GM - Water	Address				
E-Mail	mmoore@anaheim.ne	-				
Day Phone	714-765-4956	Night Phone	714-287-8581			
FAX	Please email	Cellular	714-287-8581			

DISPATCH	I CENTER WITH	24-HOUR TELEI	PHONE ANSWERING:		
Name	Utilities Electi	Utilities Electric/Water Operations			
Title	On Duty Systems	Operator			
Address	201 S.Anahei	m Blvd. , Anahein	n, CA 92805		
Phone	714-765-5108	Electric	714-765-4560 Water		
BILLING/I	PAYMENT ADDI	RESS:			
Departmer	nt of Utility	City of Anaheim	, Public Utilities Dept.		
Billing/Pay	ment Address	201 S. Anaheim Blvd. #1101			
		Anaheim, CA 92805			
Telephone No.		714-765-4230			
Fax/Email		dschmidt@anah	neim.net		

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date	12/30/15				
Name of Util	lity	Anza El	ectric Cooperative	Inc.	
Mailing Add	Mailing Address		391909		
Ā		Anza, C	A 92539		
Individuals t	to Call	for Emer	gency Assistance:		
<u>AUTHORIZI</u>	ED REI	PRESEN'	<u> FATIVE:</u>		
Name	Brian	Baharie			
Title	Opera	tions Ma	nager	Address	Same as Above
E-Mail	briant	o@anzael	ectric.org	Pager No.	
Day Phone	951-7	63-4333		Night Phone	888-818-6085
FAX	951-7	63-5297		Cellular	951-240-0555
ALTERNAT	E AUTI	HORIZE	O REPRESENTAT	IVE(S):	
Name		Short			
Title	Gener	al Mana	ger	Address	Same as above
E-Mail	kevin	s@anzael	lectric.org	— Pager No.	
Day Phone	951-7	63-4333		Night Phone	888-818-6085
FAX	951-7	63-5297		Cellular	951-233-2888
Name	On- C	Call Crew			
Title				Address	
E-Mail				— Pager No.	
Day Phone				 Night Phone	
FAX				Cellular	951-551-0326
DISPATCH	CENTE	R WITH	24-HOUR TELER	PHONEANSW	ERING:
Name	After	Hours Ar	nswering Service	888-818-60	85
Title					
Address	-				
Phone				Fax	
BILLING/PA	AYMEN	IT ADDR	ESS:		
Department	of Util	ity	Anza Electric Co	operative Inc.	
Billing/Payn	nent Ac	ldress	Po Box 391909		
			Anza, CA 92539		
Telephone N	o.		951-763-4333		
Fax			951-763-5297		

Information provided to 2016 CUEA Custodian:

Anza Electric Cooperative Inc.

Names and Address of Authorized Representative(s)/Billing

Date		05 January 2015			
Name of Utility		AZUSA LIGHT & WATER			
Mailing Address		729 N. Azusa Avenue - PO Box 9500			
			Azusa, California 91702		
Individuals t	o Call for Emer	gency Assistance:			
<u>AUTHORIZE</u>	ED REPRESEN'	<u> FATIVE:</u>			
Name	Federico Lang	git Jr.			
Title	Assistant Directions	ctor of Electric	Address	729 N. Azusa Avenue Azusa, CA 91702	
E-Mail	flangit@ci.azu	sa.ca.us	Pager No.		
Day Phone	626812-5213		_Night Phone	626 812 5213	
FAX	626 334 3163		Cellular		
ALTERNATI	E AUTHORIZEI	O REPRESENTATI	VE(S):		
Name	Dan Kjar				
Title		oution Supervisor	Address	729 N. Azusa Avenue Azusa, CA 91702	
E-Mail	dkjar@ci.azus	sa.ca.us	– Pager No.		
Day Phone	626 812 5216		Night Phone	626 812 5216	
FAX	626 812 5122		Cellular		
Name					
Title			Address		
E-Mail			_		
Day Phone			 Night Phone		
FAX			Cellular		
DISPATCH (ENTER WITH	24-HOUR TELEP	HONE ANSWEI	RING:	
Name					
Title					
Address					
Phone	Fax				
BILLING/PA	YMENT ADDE	RESS:			
Department	of Utility	Azusa Light & W	ater		
Billing/Payn	nent Address	729 N. Azusa Ave	enue		
		Azusa, CA91702			
Telephone N	0.	626 812 5225			
Fax/Email		626 334 3163			

Information provided to 2015 CUEA Custodian:

$Names\ and\ Address\ of\ Authorized\ \ Representative (s)/Billing$

Date		August 7, 2018				
Name of Uti	lity	Bear Valley Electric Service (BVES)				
Mailing Address		42020 Garstin Drive, PO Box 1547, Big Bear Lake, CA 92315				
Individuals	to Call	for Emergency Assistance:				
AUTHORIZI	ED RE	PRESENTATIVE:				
Name	Phil P	ivovaroff				
Title	Opera	ations & Planning Manager	Address	42020 Garstin Drive, PO Box 1547, Big Bear Lake, CA 92315		
E-Mail	philpi	<u>v@bves.com</u>	Pager No.			
Day Phone	(909)	866-4678 x151	Night Phone	909-253-8966		
FAX	909-8	66-5056	Cellular	909-253-8966		
ALTERNAT	E AUT	HORIZED REPRESENTATI	VE(S):			
Name	Paul I	Marconi				
Title	Direct	tor	Address	42020 Garstin Drive, PO Box 1547, Big Bear Lake, CA 92315		
E-Mail	Paul.1	marconi@bves.com	Pager No.			
Day Phone	909-8	666-4678 x100	Night Phone	909-202-9539		
FAX	909-8	666-5056	Cellular	909-202-9539		
Name	Jeff Barber					
Title	Field Operations Supervisor		Address	42020 Garstin Drive, PO Box 1547, Big Bear Lake, CA 92315		
E-Mail	Jeffre	y.Barber@bves.com	Pager No.			
Day Phone	09-86	66-4678 x161	Night Phone	909 435-6225		
FAX	909-8	666-5056	Cellular	909 435-6225		

DISPATCH CI	ENTER WITH 24-HOUR TE	LEPHONE ANSWERING:			
Name	BVES Dutyman	BVES Dutyman			
Title	BVES Dutyman				
Address					
Phone	909-353-8706	Fax			
BILLING/PAY	MENT ADDRESS:	-			
Department of		BVES dba GSWC			
Billing/Payme	ent Address	630 E. Foothill Dr			
		San Dimas, CA 91773			
Telephone No.		909-866-4678			
Fax/Email		ap@gswater.com			

Names and Address of Authorized Representative(s)/Billing

Date	July 2016				
Name of Util	ity	Burbank Water and Power			
Mailing Add	ress	164 W. Magnolia Blvd.			
		Burbank, CA 91502			
Individuals	to Call	for Emergency Assistance:			
AUTHORIZ	ED REI	PRESENTATIVE:			
Name	Cesar	Ancheta			
Title	Assist	ant General Manager	Address	Same as utility address	
E-Mail	canche	ta@burbankca.gov	Pager No.	N/A	
Day Phone	818-2	38-3559	Night Phone		
FAX	818-2	38-3594	Cellular Phone	909-762-9291	
ALTERNAT	E AUTI	HORIZED REPRESENTATI	– VE(S):		
Name	Bradl	ey Recker			
Title	Mana	ger Electrical Dist.	Address	Same as utility address	
E-Mail	breck	er@burbankca.gov	Pager No.	N/A	
Day Phone	818-2	38-3591	Night Phone	818-846-4258	
FAX	818-2	38-3593	Cellular Phone	818-515-1028	
Name	Mike I	Kelley			
Title	Mana	ger, Electric Equipment	Address		
E-Mail	mkelle	ey@burbankca.gov	Pager No.		
Day Phone	818-2	38-3588	Night Phone		
FAX	818-2	38-3754	Cellular Phone	818-269-0491	

DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:				
Name	On-Duty Power Dispatcher			
Title	Power Dispatcher			
Address	Energy Control Center 1811 N. Ontario St., Burbank 91505			
Phone	818-238-3750 Radio Frequency Trunked			
FAX	818-238-3754			

BILLING/PAYMENT ADDRESS:				
Name of Utility	Burbank Water and Power			
Department of Utility	Erik Adkins			
Billing/Payment Address	164 W. Magnolia Blvd.			
	Burbank, CA91502			
Telephone No.	818-238-3728			
Fax	818-238-3560			

Information provided to 2016 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date	MARCH 2011					
Name of Util						
	ress 150 S. 10 TH ST					
City, State, 2		<u>"</u>		_		
,	1					
Individuals t	to Call for Emergency	Assistance:				
AUTHORIZE	ED REPRESENTATIV	<u>'E</u>				
Name	TIM LUNT					
Title	T&D SUPERINTENI	DENT Address	150 \$	S. 10 TH STREET		
E-Mail	tlunt@ci.colton.ca.					
Day Phone	909-370-5564	Night Ph	one			
FAX	909-370-5132	Cellular l	Phone	909-772-7877_		
ALTERNATI	E AUTHORIZED REF	RESENTATIVE				
Name	ANTHONY SIEGFRI					
Title	SUBSTATION SUPERI	<u>ntendent</u> Addi	ess <u>15</u>	50 S. 10™ STREET		
E-Mail	asiegfried@ci.colton.					
Day Phone	_909-370-6138					
FAX	909-370-5132	Cellula	ar Phone	<u>909-772-7881</u>		
	CENTER WITH 24-H	OUR TELEPHO	<u>NE ANSWE</u>	<u>RING</u>		
Name	-					
Title		A 1.1				
E-Mail	Dl	Addre	ess _ <u> </u>			
	_ Phone					
	_Radio Frequency	- <u> </u>	l D1			
FAX		Cellu	lar Phone _			
BILLING/PA	AYMENT ADDRESS					
		0.000				
Name of Utility <u>CITY OF COLTON</u>						
Department	CTRIC UTILITY					
	· · · · · · · · · · · · · · · · · · ·	. 10 TH STREET				
City, State, 2		ON, CA 92324				
Telephone N	o. <u>909-3</u>	70-6132				
FAX						

Names and Address of Authorized Representative(s)/Billing

Date			January 2014	
Name of Util	ity		Glendale Water & Power	
Mailing Add	ress		141 North Glendale Ave.	
Individuals	to Call for Eme	gency Assistanc	e:	
<u>AUTHORIZ</u>	ED REPRESEN	TATIVE:		
Name	Ramon Z. Abu	<u> </u>		
Title	Chief Assistar	nt GM	Address	
E-Mail	rabueg@ci.gle	ndale.ca.us		
Day Phone	818-548-3297		Night Phone	
FAX	818-552-2852		Cellular	
 ALTERNAT	E AUTHORIZE	D REPRESENTA	TIVE(S):	
Name		<u> </u>	<u> </u>	
Title	Electrical Sup	ervisor	Address	
E-Mail	818-548-3295		Night Phone	
Day Phone			Cellular	
FAX				
Name	Dave Massie			
Title	Water Superi	ntendent	Address	
E-Mail	dmassie@ci.g	<u>lendale.ca.us</u>		
Day Phone	818-548-2013	L	Night Phone	
FAX			Cellular	
DISDATCH	CENTED WITH	24-HOUD TELE	EPHONE ANSWERING:	
Name	Dispatcher on		FIIONE ANSWERING.	
Title		-		
Address				
Phone	818-548-4882		Fax	
BILLING/P	AYMENT ADDI	RESS:		
Department of Utility		Glendale Water	: & Power	
Billing/Payment Address		141 North Glendale Ave.		
		Glendale, CA9	1206	
Telephone N	lo.	818-548-3297		
Fax/Email		rabueg@ci.glendale.ca.us		

Information provided to 2013 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		<u>·</u>	January 3	80, 2018		
Name of Utility City			Healdsburg E	•		
Mailing Add	_	<u> </u>	401 Grove St			
O	_		Healdsburg,	CA 95448		
Individuals	iduals to Call for Emergency Assistance:					
<u>AUTHORIZI</u>	ED REPR	RESENTATIVE:				
Name	Todd W	oolman				
Title	Electric	Superintendent	Address	Same		
E-Mail	twoolma	n@ci.healdsburg.ca.us	Pager No.	None		
Day Phone	707-43	1-3341	Night Phone	None		
FAX	707-43	1-3181	Cellular	707-480-6485		
ALTERNAT	E AUTHO	ORIZED REPRESENTAT	rive(s):			
Name	Terry C	rowley				
Title	Utilities	Director	Address	Same		
E-Mail	tcrowley	w@ci.healdsburg.ca.us	— Pager No.	Na		
Day Phone	707-43	1-3340	Night Phone	Na		
FAX	707-43	1-2710	Cellular	707-490-8808		
Name	Mike Co	ourts				
Title	Electric	Line Foreman	Address			
E-Mail	mcourts	s@ci.healdsburg.ca.us	— Pager No.			
Day Phone	707-480	0-9130	— Night Phone	;		
FAX	707-43	1-3181	Cellular	707-480-9130		
DISPATCH	CENTER	WITH 24-HOUR TELE	PHONE ANSW	ERING:		
Name		Cooperative Response Cer				
Title	Dispate	h				
Address	2000 8th Street NW, Austin, MN 55912					
Phone	707-431	-7000	Fax			
BILLING/P/	AYMENT	ADDRESS:				

Information provided to 2018 CUEA Custodian:

Department of Utility

Telephone No.

Fax

Billing/Payment Address

CUEA MAA Attach B Page B - 1 Last Updated: _____

707-431-3171 ap@ci.healdsburg.ca.us

Accounts Payable 401 Grove St.

707-431-3329

Healdsburg, CA 95448

Names and Address of Authorized Representative(s)/Billing

Date Name of Utility Mailing Address City, State, Zip Individuals to Call for Emergency Assistance: AUTHORIZED REPRESENTATIVE Name Gary Hatfield Title Supervisor, Office of Emergency Management Address Same as above E-Mail Day Phone FAX T60-482-3607 Cellular Phone T60-482-3607 Cellular Phone T60-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Day Phone FAX T60-482-3607 Cellular Phone T60-427-6236 Dispatch Center with 24-Hour Telephone Answering Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address Sam Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address Phone FAX Cellular Phone T60-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone		•		•	-	
Mailing Address City, State, Zip Individuals to Call for Emergency Assistance: AUTHORIZED REPRESENTATIVE Name Gary Hatfield Title Supervisor, Office of Emergency Management Address E-Mail Day Phone FAX 760-482-3612 Night Phone Title Emergency Service Coord II Address E-Mail Day Phone FAX Name Robert Amparano Title Emergency Service Coord II Address FAX Tol-482-3608 Night Phone Tol-427-6236 FAX Tol-482-3607 Cellular Phone Tol-427-6236 FAX Tol-482-3608 Night Phone Tol-427-6236 FAX Tol-482-3607 Cellular Phone Tol-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Tol-482-3612 gdhatfield@iid.com	Date		1/29/18	3		
City, State, Zip Imperial, California, 92251 Individuals to Call for Emergency Assistance: AUTHORIZED REPRESENTATIVE Name Gary Hatfield Title Supervisor, Office of Emergency Management Address Same as above E-Mail gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	Name of Util	ity	<u>Imperial</u>	Irrigation D	istrict	
Individuals to Call for Emergency Assistance: AUTHORIZED REPRESENTATIVE Name Gary Hatfield Title Supervisor, Office of Emergency Management Address Same as above E-Mail gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial, California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	Mailing Add	ress				
AUTHORIZED REPRESENTATIVE Name Gary Hatfield Title Supervisor, Office of Emergency Management Address Same as above E-Mail gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	City, State, 2	Zip	<u>Imperial</u>	<u>, California,</u>	92251	
Name Gary Hatfield Title Supervisor, Office of Emergency Management Address Same as above E-Mail gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial, California, 92251 Telephone No. Tel	Individuals t	to Cal	ll for Eme	rgency Assis	stance:	
Title Supervisor, Office of Emergency Management Address Same as above gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial, California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	AUTHORIZE	ED RI	EPRESEN	<u>ITATIVE</u>		
Title Supervisor, Office of Emergency Management Address Same as above gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial, California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	Name	Gai	v Hatfield	i.		
Address E-Mail gdhatfield@iid.com Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial, California, 92251 Telephone No. 1760-482-3612 gdhatfield@iid.com					ergency Managemen	t
E-Mail Day Phone 760-482-3612 Night Phone 760-427-0744 FAX 760-482-3607 Cellular Phone 760-427-0744 ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd Limperial California, 92251 Telephone No. Imperial California, 92251 Imperial California, 92251 Telephone No. Imperial California, 92251						-
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ALTERNATE AUTHORIZED REPRESENTATIVE Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Cellular Phone Imperial Phone Imperial Irrigation District - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Imperial California, 92251 Telephone No. Imperial California, 92251 Telephone No. Telephone Telephone Telephone No. Telephone Tele	Day Phone	_			Night Phone	760-427-0744
Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 160-482-3612 gdhatfield@iid.com		760	-482-360′	7		760-427-0744
Name Robert Amparano Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone Cellular Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 160-482-3612 gdhatfield@iid.com	 ALTERNAT	E AU'	THORIZE	D REPRESE	ENTATIVE	
Title Emergency Service Coord II Address SAA E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District - Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 1mperial. California, 92251						
E-Mail pramparano@iid.com Pager No. Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 160-482-3612 gdhatfield@iid.com	Name	Rob	ert Ampa:	rano		
Day Phone 760-482-3608 Night Phone 760-427-6236 FAX 760-482-3607 Cellular Phone 760-427-6236 DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 160-482-3612 gdhatfield@iid.com	Title	<u>Eme</u>	ergency S	ervice Coord	<u>II</u> Address	SAA
DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone	E-Mail	pra	<u>mparano</u>	@iid.com	Pager No.	
DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone	Day Phone	<u>760</u>	-482-360	8	Night Phone	760-427-6236
Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	FAX	<u>760</u>	-482-360′	7	_ Cellular Phone	<u>760-427-6236</u>
Name Imperial Irrigation District – Duty Officer Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District – Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com						
Title Office of Emergency Management Address 333 East Barioni Blvd. Imperial, California, 92251 Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	DISPATCH (CENT	ER WITH	1 24-HOUR	TELEPHONE ANSW	<u>'ERING</u>
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Phone FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Imperial California, 92251 760-482-3612 gdhatfield@iid.com						
FAX Cellular Phone Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility Imperial Irrigation District - Attn: Gary Hatfield Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. Imperial California, 92251 760-482-3612 gdhatfield@iid.com		<u>333</u>	East Bar	<u>ioni Blvd. Im</u>	<u>iperial, California, 9</u>	92251
Duty Officer Phone # 760-482-3616 - 24 / 7 BILLING/PAYMENT ADDRESS Name of Utility						
Name of Utility Billing/Payment Address Imperial Irrigation District – Attn: Gary Hatfield 333 East Barioni Blvd City, State, Zip Telephone No. Imperial California, 92251 760-482-3612 gdhatfield@iid.com		D1	- 4760	490 2616		
Name of Utility Billing/Payment Address City, State, Zip Telephone No. Imperial Irrigation District – Attn: Gary Hatfield 333 East Barioni Blvd Imperial. California, 92251 760-482-3612 gdhatfield@iid.com	•					
Billing/Payment Address 333 East Barioni Blvd City, State, Zip Telephone No. Imperial. California, 92251 760-482-3612 gdhatfield@iid.com	BILLING/ PA	1 IVI C	MI ADDI	<u>KESS</u>		
Billing/Payment Address 333 East Barioni Blvd City, State, Zip Imperial. California, 92251 Telephone No. 760-482-3612 gdhatfield@iid.com	Name of Utility Imperial Irrigation District – Attn: Garv Hatfield					
Telephone No. 760-482-3612 gdhatfield@iid.com	Billing/Payn	nent A	Address	_		
Telephone No. 760-482-3612 gdhatfield@iid.com						
•	-	_				
IDAY 760 490 2607	-	0.				om
raa <u>/00-402-300/</u>	FAX			760-482-36	07	

California Utilities Emergency Association Member Update Form 2018/2019

Member:		LASSEN	MUCICIPAL	UTILITY DISTRICT		
Utility Type:	2		ELEC'	TRIC		
Mailing Address:			65 S ROOP ST			
		,	SUSANVILLE	C, CA 96130		
1		ergency Assistance:				
AUTHORIZE	ED REPRESEN	ITATIVE/EMERGE	NCY CONTA	ACT:		
Name:	Pat Holley					
Title:	Assistant Ger	neral Manager				
E-Mail:	pholley@lmu					
Day Phone:	530-257-685	4	Night Phone	530-249-6249		
FAX:	530-257-673	9	Cellular:	530-249-6249		
ALTERNATI	E AUTHORIZE	D REPRESENTATI	VE(S)/EME	RGENCY CONTACTS:		
Name:	Doug Smith					
Title:	General Mana	ager				
E-Mail:	dsmith@lmuc	l.org	_			
Day Phone:	530-257-689	5	Night Phone	530-816-0121		
FAX:	530-257-761)	Cellular:	530-816-0121		
Name:	24 Hour disp	atch available throu	ıgh main nur	mber 530-257-4174		
Title:	CRC Answeri	ng Service				
E-Mail:	N/A		_			
Day Phone:	N/A	- Charles	Night Phone	N/A		
FAX:	N/A		Cellular:	N/A		
BILLING/PAYMENT ADDRESS:		RESS:	_			
Department of Utility:		Lassen Municipal	Utility Distr	ict		
Billing/Payment Address:		65 S Roop St				
		Susanville, CA 96	Susanville, CA 96130			
Telephone N	o.	530-257-4174				
E-Mail:		cnystrom@lmud.org				

Information provided to CUEA 2019

Names and Address of Authorized Representative(s)/Billing

Date	·	May 7, 2	2013			
Name of Uti	lity	Lathrop Irrigat				
Mailing Add		·				
Maining Add	ress					
r 1: : 1 1		Lathrop, CA	A 95330			
	to Call for Emergency Assistance	:				
Name	ED REPRESENTATIVE: Glenn Reddick					
		A d d	7000 Ch li Ct - Ell C 05750			
Title	District Engineer	Address	7800 Chaplin Ct., Elk Grove 95758			
E-Mail	Gmr5252@aol.com	Pager No.	014 -10 00-1			
Day Phone	916-712-2054	Night Phone				
FAX		Cellular	916-712-2054			
ALTERNAT	E AUTHORIZED REPRESENTAT	IVE(S):				
Name	Susan Dell'Osso					
Title	President	Address	73 Stewart Rd., Lathrop, Ca 95330			
E-Mail	sdellosso@cambaygroup.com	Pager No.				
Day Phone	209-879-7900	Night Phone	209-879-7900			
FAX	209-879-7928	Cellular				
Name	Ramon Batista					
Title	Director	Address	73 Stewart Rd., Lathrop, Ca 95330			
E-Mail	rbatista@cambaygroup.com	Pager No.				
Day Phone	209-879-7900	— Night Phone	209-879-7900			
FAX		 Cellular	209-495-2871			
		<u>—</u>				
DISPATCH	CENTER WITH 24-HOUR TELER	PHONE ANSW	ERING:			
Name	Glenn Reddick					
Title	District Engineer					

DISPATCH (DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:			
Name	Glenn Reddick			
Title	District Engine	er		
Address	7800 Chaplin	Ct. Elk Grove, Ca 95758		
Phone	916-712-2054	Fax		
BILLING/PA	AYMENT ADDR	ESS:		
Department	of Utility	Lathrop Irrigation District		
Billing/Payn	nent Address	73 Stewart Rd.		
		Lathrop, CA 95330		
Telephone No. 209-879-7900		209-879-7900		
Fax				

Information provided to 2013 CUEA Custodian:

 $Names\ and\ Address\ of\ Authorized\ \ Representative(s)/Billing$

Date		10/7/2015			
Name of Util	ity	Liberty Utilitie	es - California	Pacific Electric Company	
Mailing Add	dress 701 National Ave., PO Box 1			7, Tahoe Vista, CA 96148	
Individuals	to Call for Emp	rgency Assistance:			
	ED REPRESEN	-			
Name	Randy Kelly				
Title	Operations M	anager	Address	933 Eloise Ave, South Lake Tahoe, 96150	
E-Mail	Randy.kelly@	libertyutilities.con	n Pager No.		
Day Phone	530/543-5222	L	Night Phone	775/636-3034	
FAX	530/546-1016	6	Cellular	775/636-3034	
<u>ALTERNAT</u>	E AUTHORIZE	D REPRESENTAT	IVE(S):		
Name	Rich Salgo				
Title	VP Operation	S	Address	701 National Ave., Tahoe Vista, CA 96148	
E-Mail	rich.salgo@lil	pertyutilities.com	Pager No.		
Day Phone	530/546-375	2	Night Phone	530/721-3305	
FAX			Cellular	530/721-3305	
Name					
Title			Address		
E-Mail			Pager No.		
Day Phone			Night Phone		
FAX			Cellular		
DISPATCH	CENTER WITH	I 24-HOUR TELEP	HONE ANSW	ERING:	
Name	Tish Sullivan				
Title	Supervisor, D	ispatch (NV Energy	7)		
Address	7155 Lindell	Rd; Las Vegas, NV	89151		
Phone	702/402-664	1	Fax		
BILLING/P. Department	AYMENT ADD t of Utility	RESS: Liberty Utilities -	- Attn: Linda S	Stahl	
Billing/Payı	ment Address	933 Eloise Avenu	ıe		
		South Lake Taho	oe, CA 96150		
Telephone N	lo.	530/543-5274			
Fax					

CUEA Custodian:

$Names\ and\ Address\ of\ Authorized\ \ Representative (s)/Billing$

Name o	of Utility City of Lo	odi – Lodi Electric Utili	ty	
Mailing Addres		Iam Ln. Lodi, CA 95242	2	
Individ	uals to Call for Em	ergency Assistance:		
<u>AUTH(</u>	ORIZED REPRESE	NTATIVE:		
Name	C.J. Berry			
Title	Date		January 29, 2018	1331 S. Ham Ln. Lodi, CA 95242
E-Mail	cberry@lodi.gov		Pager No.	
Day Phone	209-333-6764 (c	all cellular)	Night Phone	916-549-4879
FAX			Cellular —	916-549-4879
ALTER	NATE AUTHORIZ	ED REPRESENTATIV	E(S):	
Name				
Title			Address	
E-Mail			Pager No.	
Day Phone			Night Phone	
FAX			Cellular	
Name				
Title			Address	
E-Mail			Pager No.	
Day Phone			Night Phone	
FAX			Cellular	
	CH CENTER WITH	1 24-HOUR TELEPHO	NE ANSWERING:	<u> </u>
Name	-			
Title	-			
Address	·			
Phone			Fax 	
	G/PAYMENT ADD nent of Utility	RESS:		
Billing/l	Payment Address	1331 S. Ham Ln.		
		Lodi, CA 95242		
Telepho	ne No.	209-333-6800		
Fax/Em	ail	cberry@lodi.gov		

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		February 28, 2017		
Name of Util	lity	City of Lompoc		
Mailing Address		100 Civic Center Plaza		
		Lompoc, CA 93436		
Individuals	to Call	for Emergency Assistance	:	
<u>AUTHORIZI</u>	ED RE	PRESENTATIVE:		
Name	Tikan	n Singh		
Title	Elect	trical Utility Manager	Address	100 Civic Center Plaza, Lompoc, CA
E-Mail	t_sing	gh@ci.lompoc.ca.us	Pager No.	
Day Phone	805-8	375-8296	Night Phone	
FAX			Cellular	805-315-7090
ALTERNAT	E AUT	HORIZED REPRESENTAT	TIVE(S):	
Name		n Segovia		
Title	Senio	or Administrative Analyst	Address	100 Civic Center Plaza, Lompoc, CA
E-Mail	s_seg	ovia@ci.lompoc.ca.us	— Pager No.	
Day Phone	805-8	375-8297	— Night Phone	
FAX			 Cellular	805-315-7854
Name				
Title			Address	
E-Mail			Pager No.	
Day Phone			Night Phone	
FAX			Cellular	
DISPATCH	CENTI	ER WITH 24-HOUR TELE	PHONE ANSW	<u>'ERING:</u>
Na City of I	Lompo	c, Police Dispatch		
me				
Titl e				
	ric Cen	ter Plaza, Lompoc, CA 934	36	
ress				
	5-8115	5 or 875-8116 Fax		
ne				
BILLING/PA Department		VT ADDRESS: City of Lompoc Utility De	enartment	
Utility	OI	City of Lompoc Ounty De	partment	
Billing/Payn	nent	100 Civic Center Plaza		
Address		I ampa (A 02426		
Tolomb N	r _o	Lompoc, CA 93436		
Telephone N	o.			

Names and Address of Authorized Representative(s)/Billing

Date			2/6/2	2017	
Name of Util	ne of Utility City of I		ong Beach Gas & Oil Department		
Mailing Add	ress		2400 East Sp	oring Street	
			LongBeach	,CA90806	
Individuals	to Call f	for Emergency Assistance:			
<u>AUTHORIZ</u>	ED REI	PRESENTATIVE:			
Name	Steph	en Bateman			
Title	Mana	ger, Engineering & Const.	Address		
E-Mail	steve.	bateman@longbeach.gov	_		
Day Phone	562-5	70-2034	Night Phone	e	
FAX	562-5	70-2155	Cellular	310-892-5728	
ALTERNAT	E AUTI	HORIZED REPRESENTATI	VE(S):		
Name	Tony	Foster			
Title	Manag	ger, Business Operations	Address		
E-Mail	tony.f	oster@longbeach.gov	_		
Day Phone	562-5	70-2015	Night Phone	e	
FAX	562-5	70-2008	Cellular	503-708-2036	
Name	Edwar	d Farrell			
Title	Mana	ger, Gas Services	Address		
E-Mail		Edward.farrell@longbeach.gov	_		
Day Phone	562-5	70-2121	– Night Phone	e	
FAX	562-5	70-2112	Cellular	562-257-4005	
DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:					
Name					
Title					
Address					
Phone	562-570)-2140	Fax		
BILLING/PA	AYMEN	T ADDRESS:			
Department			& Oil		

Fax/Email
Information provided to 2017
CUEA Custodian:

Billing/Payment Address

Telephone No.

CUEA MAA Attach B Page B - 1 Last Updated:

Long Beach Gas & Oil
2400 East Spring Street

Long Beach, CA 90806

steve.bateman@longbeach.gov

562-570-2034

Names and Address of Authorized Representative(s)/Billing

Date			January 2018				
Name of Uti	lity	Los Angel	Los Angeles Department of Water and Power				
Mailing Ado	dress	1	111 Hope Street, Room 1149				
			Los Angeles,	CA 90012			
Individuals	to Call for Eme	rgency Assistance	::				
<u>AUTHORIZ</u>	ZED REPRESEN	TATIVE:					
Name	Daniel Barnes						
Title	Electrical Serv		Address	Same as Above			
E-Mail	Daniel.barnes(<u>@ladwp.com</u>	Pager No.				
Day Phone	213	-367-4128	Night Phone				
FAX			Cellular	760-920-1288			
<u>ALTERNAT</u>	ΓΕ AUTHORIZE	D REPRESENTAT	IVE(S):				
Name	Walter Rodri	guez					
Title	Electrical Servi	ce Manager	Address	Same as above			
E-Mail	walter.rodrigu	ez@ladwp.com	Pager No.				
Day Phone	2133	67-6369	Night Phone	626-674-4634			
FAX			 Cellular	213-792-6112			
Name	Bill Herriott						
Title	Electrical Service N	/Janager	Address				
E-Mail	William.herriott@	ladwp.com	Pager No.				
Day Phone	213-367-5289	Night Phone		661-202-9200			
FAX			Cellular	818-262-6314			
DISDATCH	CENTED WITH	24-HOUR TELEI	DHONE ANGW	EDINC.			
<u>Dist ATCII</u> Name		Department of Wat		EKKIYG.			
Title	Voice Operati	ons Center					
Address	111 North Ho	North Hope Street, Room 224, Los Angeles, CA 90012					
Phone	213 367-3176)	Fax 213	367-3301			
BILLING/P	PAYMENT ADD	RESS:					
Departmen	t of Utility	Cost and Project	t Accounting				
Billing/Pay	ment Address	111 North Hope	Street, Room 4	450, Los Angeles, CA 90012			

Information provided to CUEA 2017 Custodian:

Telephone No.

Fax/Email

CUEA MAA Attach B Page B - 1 Last Updated:

Lillian Sanchez 213 367-1678

213 367-1824

Names and Address of Authorized Representative(s)/Billing

Date			1/29/2	2018	
Name of Util	ity	Modesto Irrigation District			
Mailing Address		PO Box 4060			
			Modesto, CA 95352		
Individuals	to Call for Eme	gency Assistance	::		
<u>AUTHORIZ</u>	<u>ED REPRESEN</u>	TATIVE:			
Name	Ed Franciosa AGM, Trans & Distribution				
Title			Address		
E-Mail	ed.franciosa@	mid.org			
Day Phone	209-526-7429)	Night Phone	20	09-845-1622
FAX	209-526-7575	5	Cellular	209-404-684	7
<u>ALTERNAT</u>	E AUTHORIZE	D REPRESENTAT	<u>'IVE(S):</u>		
Name	Marty Gonzale	es			
Title	Line Construc	tion Manager	Address		
E-Mail	marty.gonzale	s@mid.org			
Day Phone	209-526-7674	1	Night Phone	20	09-838-0222
FAX	209-526-7610)	Cellular	209-896-727	1
Name	Control Cente	r			
Title	Dispatching S	hift Supervisor	Address		
E-Mail					
Day Phone	209-527-2719)	Night Phone	20	09-527-2719
FAX	209-526-7578	3	 Cellular		
					
DISPATCH	CENTER WITH	24-HOUR TELEI	PHONE ANSW	FRINC:	
Name	CLIVILIA WIIII	24-HOOK TELLI	HONE ANSW	LITING.	
Title					
Address					
Phone			Fax		
	AYMENT ADDI				
Department	-	Accounting PO Box 4060			
Dilling/Payl	ment Address		252		
Tolophon	I.o.	Modesto, CA 953 209-526-7479	334		
Telephone N	NO.		d ora		
Fax/Email		accounting@mi	<u>u.org</u>		

Information provided to 2018 CUEA Custodian:

Page B - 1 Last Updated: CUEA MAA Attach B

Names and Address of Authorized Representative(s)/Billing

Date		02/05/2013				
Name of Uti	ility	City	of Moreno Valle	of Moreno Valley Electric Utility		
Mailing Address		14177 Frederick St				
		Moreno Valley, CA 92552-0805				
Individuals	to Call	for Emergency Assistance	:			
<u>AUTHORIZ</u>	ED REP	RESENTATIVE:				
Name	Jeann	ette Olko				
Title	Electr	ic Utility Div. Manager	Address	14177 Frederick St. Moreno Valley, Ca 92552		
E-Mail	jeanne	etteo@moval.org	Pager No.	n/a		
Day Phone	951-4	13-3502	Night Phone	909-709-8676		
FAX	951-4	13-3589	Cellular	909-709-8676		
ALTERNAT	E AUTI	IORIZED REPRESENTA	TIVE(S):			
Name	Bob de	e Korne				
Title	SR. VI	P/ENCO Utility Svcs	Address	Same		
E-Mail	dekorı	ne@encous.com	Pager No.	n/a		
Day Phone	909-2	89-5427	Night Phone	909-289-5427		
FAX			Cellular	909-289-5427		
Name	Tony S	Smeerdyk				
Title	VP En	gineering/ENCO	Address	Same		
E-Mail	smeer	dyk@encous.com	Pager No.	n/a		
Day Phone	951-7	12-2352	Night Phone	951-712-2352		
			Cellular	951-712-2352		
FAX			Celiulai	701 112 2002		

DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:						
Name	ENCO Custon	ENCO Customer Service Center/ Ruby Irigoyen				
Title	Sr. VP Custor	ner Services				
Address	380 N. San Ja	cinto Ave., Hemet, CA 92545				
Phone	1-877-822-870	00 Fax				
BILLING/P	PAYMENT ADDE	EESS:				
Departmen	t of Utility	Moreno Valley Utility				
Billing/Pay	ment Address	14177 Frederick St. Po Box 88005				
		Moreno Valley, CA 92552				
Telephone No.		951-413-3500				
Fax		951-413-3599				

Information provided to 2013 CUEA Custodian:

CUEA

 $Names\ and\ Address\ of\ Authorized\ \ Representative(s)/Billing$

Date			9/18/15			
Name of Util	ity	Northern California Power Agency				
Mailing Add	Mailing Address		651 Commerce Drive			
		Roseville, CA 95678				
Individuals	to Call for Eme	rgency Assistanc	e:			
<u>AUTHORIZ</u>	ED REPRESEN	TATIVE:				
Name	Randy Howar	andy Howard				
Title	General Mana	ger	Address	651 Commerce Dr.		
E-Mail	Randy.howard	<u>@ncpa.com</u>	Pager No.			
Day Phone	916-781-4200		Night Phor	ne		
FAX	916-783-7693		Cellular	916-878-0854		
ALTERNAT	E AUTHORIZE	D REPRESENTA'	TIVE(S):			
Name	Ken Speer					
Title	Assistant Gen	eral Manager	Address	651 Commerce Dr.		
E-Mail	Ken.speer@nc	pa.com	Pager No.			
Day Phone	916-781-4201		Might Phor	ne		
FAX			Cellular	916-749-5691		
Name						
Title			Address			
E-Mail			— Pager No.			
Day Phone			— Night Phor	ne		
FAX			Cellular			
DICDATCH	CENTED MUTH		DHONE AND	AVEDING.		
Name	NCPA Dispate	<u>I 24-HOUR TELE</u> ^c h	PHUNE ANS	<u>WERING:</u>		
Title	Troff Diopate					
Address	651 Commerc	ce Dr.				
Phone	916-781-4281		Fax 91	6-781-4226		
DILLING /D	AYMENT ADD	DECC.				
Department		KESS: NCPA				
-	ment Address	Accounts Payal	ole			
3,, -	-	651 Commerce		e, CA 95678		
Telephone N	lo.	916-781-4234		*		
Fax/Email						
	rovided to 2015					

Information provided to 2015 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		1/25/2018				
Name of Util	ity	Pacific Gas & Electric				
Mailing Add	ress	77 Beale St. Mail Code B27B				
		San Francisco, CA 94177				
Individuals	to Call for Emer	gency Assistanc	e:			
<u>AUTHORIZ</u>	<u>ED REPRESEN</u>	<u>TATIVE:</u>				
Name	Evermary Hick	key				
Title	Director of En Preparedness		Address			
E-Mail	emhp@pge.co	<u>n</u>	Pager No.			
Day Phone	415-973-3344		Night Phone			
FAX			Cellular	415-271-8072		
<u>ALTERNAT</u>	E AUTHORIZE	D REPRESENTA	TIVE(S):			
Name	Cecile Pinto					
Title	ICS & Emerge	ncy Mgmnt.	Address			
E-Mail	cbr6@pge.com		Pager No.			
Day Phone	415-973-7770		— Night Phone			
FAX			Cellular	415-264-6700		
Name						
Title			Address			
E-Mail			Pager No.			
Day Phone			Night Phone			
FAX			Cellular			
DISPATCH	CENTER WITH	24-HOUR TELI	FPHONE ANSW	FRING.		
Name	EOC Hotline	21 HOOK ILLI	A HONE MINST	ZXXXX.		
Title						
Address						
Phone	415-973-9999		Fax			
BILLING/PA	AYMENT ADDI	RESS:				
Department	of Utility	Emergency Ma				
Billing/Payr	ment Address	77 Beale St. Ma				
		San Francisco				
Telephone N	lo.	415-973-4316				
Fax/Email						

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

		April 24, 2015			
ity	Pacific Power, a Division of PacifiCorp				
ress	825 NE Multnomah				
-	Portland, OR 97232				
to Call f	or Emergency Assistance:				
ED REP	RESENTATIVE:				
V.P, T&	D Operations	Address	825 NE Multnomah, Suite 1700 Portland, OR 97232		
Curtis.M	lansfield@pacificorp.com	Pager No.			
503-813	3-5694	Night Phone	971-269-9818		
		Cellular	971-269-9818		
E AUTH	ORIZED REPRESENTATIV	<u>/E(S):</u>			
Jeff Bolt	on				
Manage	r of Disaster & Risk Managemer	nt	825 NE Multnomah, Suite 1700 Portland, OR 97232		
jeffrey.b	olton@pacificorp.com	Pager No.			
503-813	3-6512	Night Phone			
		Cellular	503-260-7782		
Larry Yo	pung				
Director	, Distribution	Address	1054 Northcrest Drive Crescent City, CA 95531		
Larry.Yo	oung@pacificorp.com	Pager No.			
541-776	5-5467	Night Phone	707-951-2281		
		Cellular	707-951-2281		
CENTER	R WITH 24-HOUR TELEPH	IONE ANSW	ERING:		
					
	•				
9951 SE	Ankeny, Portland, OR 97216				
503-251	-5230	Fax			
	CENTER Mark Sa V.P., Sy 9951 SE	Curtis.Mansfield @pacificorp.com 503-813-5694 E AUTHORIZED REPRESENTATIV Jeff Bolton Manager of Disaster & Risk Managemer ieffrey.bolton@pacificorp.com 503-813-6512 Larry Young Director, Distribution Larry.Young@pacificorp.com 541-776-5467 CENTER WITH 24-HOUR TELEPH Mark Sampson V.P., System Operations 9951 SE Ankeny, Portland, OR 97216	Reses Reses Reses Research Assistance: Representative: Curt Mansfield V.P., T&D Operations Curtis.Mansfield@pacificorp.com Food-813-5694 Address Curtis.Mansfield@pacificorp.com Food-813-5694 Address Curtis.Mansfield@pacificorp.com Food-813-5694 Address Cellular Research Assist Management Research Address Research Manager of Disaster & Risk Management Research Manager of Disaster & Risk Management Research Manager No. Night Phone Cellular Larry Young Director, Distribution Address Larry.Young@pacificorp.com Pager No. Night Phone Cellular Center With 24-Hour Telephone Answ Mark Sampson V.P., System Operations 9951 SE Ankeny, Portland, OR 97216		

BILLING/PAYMENT ADDRESS:

Department of Utility Central Cash

825 NE Multnomah Billing/Payment Address

Portland, OR 97232

503-813-6781 Telephone No. 503-813-6799 Fax/Email

Information provided to 2015

CUEA Custodian:

${\it Names \ and \ Address \ of \ Authorized \ Representative (s)/Billing}$

	(October 2010					
Name of Uti	of Utility City of Palo Alto						
Mailing Add	Iailing Address 3201 EastBayshore Rd						
City, State,	Zip I	Palo Alto, CA 94303					
Individuals	to Call	for Emergency Assistar	nce:				
AUTHORIZ	ED REI	PRESENTATIVE					
Name		Batchelor					
Title		Dir. of Utilities, Op.'s					
E-Mail <u>de</u>	an.batc	<u>helor@cityofpaloalto.oı</u> 96-6981	gPgr No				
Day Phone	650-4	96-6981	_Night Phone	510-769-1739_			
FAX	650-4	96-6924	_Cellular Phone	650-444-6204_			
<u>ALTERNAT</u>	E AUT	HORIZED REPRESENT	<u> </u>				
Name	Russ	Kamiyama					
	Russ			Above			
Name Title E-Mail <u>rus</u>	Russ Mgr. (Kamiyamaof Electric Operations vama@cityofpaloalto.or	Address Q Pager No.				
Name Title E-Mail <u>rus</u>	Russ Mgr. (Kamiyamaof Electric Operations vama@cityofpaloalto.or	Address Q Pager No.				
Name Title E-Mail <u>rus</u> Day Phone	Russ Mgr. 6 S.kamiy 650-4	Kamiyama of Electric Operations	Address gPager No. _Night Phone	650-871-7179 _			
Name Title E-Mail <u>rus</u> Day Phone FAX	Russ Mgr. s.kamiy 650-4	Kamiyama of Electric Operations rama@cityofpaloalto.or 96-6912	Address Pager NoNight Phone _Cellular Phone	650-871-7179 _ 650-740-2468 _			
Name Title E-Mail <u>rus</u> Day Phone FAX DISPATCH	Russ Mgr. 6 s.kamiy 650-4 650-4	Kamiyamaof Electric Operations vama@cityofpaloalto.or 96-6912 93-8427 CR WITH 24-HOUR TE	Address Pager NoNight Phone _Cellular Phone	650-871-7179 _ 650-740-2468 _			
Name Title E-Mail rus Day Phone FAX DISPATCH Name	Russ Mgr. 6 s.kamiy 650-4 650-4 CENTE	Kamiyama of Electric Operations vama@cityofpaloalto.or 96-6912 93-8427 CR WITH 24-HOUR TE	Address g_Pager No. _Night Phone _Cellular Phone LEPHONE ANSW	650-871-7179 _ 650-740-2468 _			
Name Title E-Mail rus Day Phone FAX DISPATCH Name Title E-Mail ken:	Russ Mgr. 6 s.kamiy 650-4 650-4 CENTE Ken F Super neth.bo	Kamiyamaof Electric Operations vama@cityofpaloalto.or 96-6912 93-8427 CR WITH 24-HOUR TE	Address Pager NoNight PhoneCellular Phone LEPHONE ANSW Operations	650-871-7179 _ 650-740-2468 _ ERING			
Name Title E-Mail rus Day Phone FAX DISPATCH Name Title	Russ Mgr. 65.kamiy 650-4 650-4 CENTE Ken F Super neth.bo	Kamiyama	Address QPager NoNight Phone _Cellular Phone LEPHONE ANSW Operations _ Address _ Phone	650-871-7179 _ 650-740-2468 _ ERING 3241 E. Bayshore			

BILLING/PAYMENT ADD	RESS
Name of Utility	City of Palo Alto
Department of Utility	Utilities/Electric Operations
Billing/Payment Address	P.O. Box 10250
City, State, Zip	Palo Alto, CA 94303
Telephone No.	650-329-2311
FAX	Various

Names and Address of Authorized Representative(s)/Billing

Date		8/9/2	2018		
Name of Utility	City	of Pasadena	of Pasadena Water & Power		
Mailing Address	1055 E. Colorad	orado Blvd., Suite 350, Pasadena, CA 91106			
Individuals to Call f	or Emergency Assistance:				
AUTHORIZED REP	RESENTATIVE:				
Name	Doug Schmaderer				
Title	Power Distribution Section Supervisor	Address	245 W. Mountain Street Pasadena CA 91103		
E-Mail	dschmaderer@cityofpasadena.ne	et Pager No.			
Day Phone	(626) 744-7160	Night Phone			
FAX		Cellular	(626) 372-2069		
ALTERNATE AUTH	ORIZED REPRESENTATIVE(S):				
Name	Varoojan Avedian				
Title	Engineering Manager	Address	1055 E. Colorado Blvd., Suite 350, Pasadena, CA 91106		
E-Mail	vavedian@cityofpasadena.net	Pager No.	,		
Day Phone	(626) 744-7851	— Night Phone	e		
FAX		Cellular	(818) 357-7184		
Name	Marvin Moon				
Title	Assistant General Manager	Address	1055 E. Colorado Blvd., Suite 350, Pasadena, CA 91106		
E-Mail	mmoon@cityofpasadena.net	Pager No.	,		
Day Phone	(626) 744-4157	— Night Phone	e		
FAX		Cellular	(562) 341-1021		
DISPATO	CH CENTER WITH 24-HOUR TELEI	PHONE ANSW	VERING:		
Name	Beson Hwang				
Title	Acting Power Dispatching Super	visor			
A d dmaga	45 F. Clanorm St. Docadona, CA 01105				

Beson Hwang					
Acting Power Dispatching Supervisor					
45 E Glenarm	45 E Glenarm St, Pasadena, CA 91105				
(626) 744-6277 Fax					
AYMENT ADDE					
t Of Cullity	Water and Power. Power Delivery				
ment Address	Mail Room – Invoice Processing				
J.					
J.	Mail Room – Invoice Processing				
	Acting Power 45 E Glenarm (626) 744-627 AYMENT ADDI				

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date			January	2014	
Name of Utili	ity	Pittsburg Power Company dba Island Energy			
Mailing Address		440 Walnut Ave			
			Vallejo, CA	A 94592	
Individuals t	to Call for Eme	rgency Assistance	:		
<u>AUTHORIZI</u>	<u>ED REPRESEN</u>	<u> TATIVE:</u>			
Name	Peter Guadagni				
Title	General Mana		Address 		
E-Mail	pguadagni@c	ci.pittsburg.ca.us	Pager No.		
Day Phone	925-252-696	2	Night Phone	925-726-9277	
FAX	707-562-500	2	Cellular	925-726-9277	
ALTERNAT	E AUTHORIZE	ED REPRESENTAT	IVE(S):		
Name	Steve Moore				
Title	Utility Superv	visor	Address		
E-Mail	smoore@ci.p	oittsburg.ca.us	— Pager No.		
Day Phone	707-562-500	0	Night Phone	925-584-4184	
FAX			Cellular	925-584-4184	
Name					
Title			Address		
E-Mail			— Pager No.	-	
Day Phone			 Night Phone	· }	
FAX			Cellular		
		<u> 124-HOUR TELEI</u>	PHONE ANSW	<u>'ERING:</u>	
Name	Per Com				
Title					
Address					
Phone	707-750-4490		Fax 		
	AYMENT ADD			. I.I I.F	
Department	-	Pittsburg Power	company dba	ı ısıanu Energy	
Billing/Payr	nent Address	440 Walnut Ave	\ <u></u>		
m 1 1		Vallejo, CA 9459	92		
Telephone N	10.	707-562-5000	tu ala		
E-Mail		landerson@ci.p	ottsburg.ca.us	<u>. </u>	

Information provided to 2014 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		February 2011					
Name of Utility		Plumas Sierra Rural Electric					
Mailing Address		73233 State Route 70					
		Portola, CA 96122					
Individuals	to Call	for Emergency Assistance	e:				
AUTHORIZ	ED RE	PRESENTATIVE:					
Name	Jaso	n Harston					
Title	Engi	neering Manager	Address	Same			
E-Mail	jhars	ton@psrec.coop	Pager No.				
Day Phone	530-	832-6035	Night Phone	530-249-4605			
FAX	530-	832-0398	Cellular	530-249-4605			
ALTERNAT	E AUT	HORIZED REPRESENTA	TIVE(S):				
Name	Greg	Lohn					
Title	Ops/	Transmission Manager	Address	Same			
E-Mail	glohr	@psrec.coop	— Pager No.				
Day Phone	530-	832-6026	Night Phone	530-251-7449			
FAX	530-	832-0398	Cellular	530-251-7449			
Name	Scott	Welch					
Title	North	n District Manager	Address	Same			
E-Mail	swel	ch@psrec.coop	Pager No.				
Day Phone	530-	832-6048	 Night Phone				
FAX	530-	253-3555	Cellular	530-251-7448			
DISPATCH	CENT	ER WITH 24-HOUR TELE	EPHONE ANSW	ERING:			
Name		Hours Call Center 7/24					
Title		, , , ,					
Address	Dispa	atch will call or page appro	opriate PSREC ₁	personnel			
Phone		1011	Fax	-			
RILLING/D	ΔΥΜΕΊ	NT ADDRESS:					
Department		·	Rural Electric C	Cooperative			

Information provided to 2010 CUEA Custodian:

Billing/Payment Address

Telephone No.

Fax

CUEA MAA Attach B Page B - 1 Last Updated: _____

73233 State Route 70 Portola, CA 96122

530-832-0398530-251-7449

530-832-4261

Names and Address of Authorized Representative(s)/Billing

		8/26/	/2013		
lity	ty Rancho Cucamonga Municipal Utility				
ress	10500 Civic Center Drive				
	Ra	Rancho Cucamonga, CA 91730			
to Call for Em	ergency Assistance	:			
<u>ED REPRESE</u>	<u>NTATIVE:</u>				
Fred Lyn					
Utilities Divi	sion Manager	Address	10500 Civic Center Drive		
fred.lyn@cit	yofrc.us	<u></u> -	Rancho Cucamonga, CA 91730		
(909) 477-2	740 Ext. 4035	Night Phon	ne		
(909) 477-27	741	Cellular	(909) 243-2747		
E AUTHORIZ	ED REPRESENTAT	IVE(S):			
Breanna Me	dina				
Emergency	Mgmt Coordinator	Address	10500 Civic Center Drive		
Breanna.Me	dina@cityofrc.us		Rancho Cucamonga, CA 91730		
(909) 477-2	740 Ext. 2016	Night Phone			
(909) 477-27	741	Cellular			
Mark Steuer					
City Engine	er	Address	10500 Civic Center Drive		
Mark.steuer	@cityofrc.us	<u></u> -	Rancho Cucamonga, CA 91730		
(909) 477-2	740 Ext. 4011	Night Phon	ne		
(909) 477-27	741	Cellular			
CENTER WIT	H 24-HOUR TELE	PHONE ANSW	WERING:		
			· · · · · · · · · · · · · · · · · · ·		
10510 Civic C	enter Drive Rancho C	Sucamonga, CA	91730.		
	(909) 941-1488				
AYMENT ADI	ORESS:				
		nga Municipa	l Utility		
nent Address	10500 Civic Cen	ter Drive			
	Rancho Cucamo	onga, CA 9173	30		
	(909) 477-2740 Ext. 4012				
lo.	(909) 477-2740	Ext. 4012			
	Fred Lyn Utilities Divifred.lyn@cit (909) 477-27 E AUTHORIZ Breanna Me Emergency I Breanna.Me (909) 477-27 Mark Steuer City Enginee Mark.steuer (909) 477-27 CENTER WIT City of Ranche 10510 Civic C (909) 941-148	Rato Call for Emergency Assistance ED REPRESENTATIVE: Fred Lyn Utilities Division Manager fred.lyn@cityofrc.us (909) 477-2740 Ext. 4035 (909) 477-2741 E AUTHORIZED REPRESENTAT Breanna Medina Emergency Mgmt Coordinator Breanna.Medina@cityofrc.us (909) 477-2740 Ext. 2016 (909) 477-2740 Ext. 2016 (909) 477-2741 Mark Steuer City Engineer Mark.steuer@cityofrc.us (909) 477-2740 Ext. 4011 (909) 477-2741 CENTER WITH 24-HOUR TELEF City of Rancho Cucamonga's Police 10510 Civic Center Drive Rancho C (909) 941-1488 AYMENT ADDRESS: of Utility Rancho Cucamonent Address 10500 Civic Center Drive Rancho Cucamonent Address	Ity Rancho Cucamong ress 10500 Civic Rancho Cucamo Rancho		

Information provided to 2013 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date	1/25/17					
Name of Util	Name of Utility REDDING E		ITY			
Mailing Add	ress	3611 AVTECH PARKWAY				
		REDDING, CA 96002				
Individuals t	o Call	for Emergency Assistance:				
AUTHORIZE	ED REI	PRESENTATIVE:				
Name	Ted M	liller				
Title	ASST.	ELECTRIC DIRECTOR	Address	3611 AVTECH PKWY		
E-Mail	Tmille	er@REUPOWER.COM	Pager No.	N/A		
Day Phone	530-3	39-7333	Night Phone	N/A		
FAX	530-3	39-7389	Cellular	530-351-1941		
ALTERNATI	E AUTI	HORIZED REPRESENTATI	VE(S):			
Name	DARR	ELL CHRISTENSEN				
Title	ELEC -LINE	. PROGRAM SUPERVISOR.	Address	20055 VIKING WAY		
E-Mail	DCHF	RISTEN@REUPOWER.COM	Pager No.	N/A		
Day Phone	530-2	24-4375	Night Phone	N/A		
FAX	530-2	24-4393	Cellular	530-510-5930		
Name	BEN (GOEHRING				
Title	ELEC -LINE	. PROGRAM SUPERVISOR.	Address	20055 VIKING WAY		
E-Mail	BGOE	CHRING@REUPOWER.COM	Pager No.	N/A		
Day Phone	530-2	24-4368	Night Phone	N/A		
FAX	530-2	24-4393	Cellular	530-941-9362		

DISPAT	DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:					
Name	BRAD PANIKE					
Title	SENIOR SYST	EM OPERATOR				
Address	17120 CLEAR	CREEK RD, REDDING, CA 96001				
Phone	530-245-7033	Fax 530-245-7040				
BILLING	/PAYMENT AI	DDRESS:				
Departm	ent of Utility	CITY OF REDDING				
Billing/F Address	Payment FINANCE DEPARTMENT					
	777 CYPRESS AVE, REDDING, CA 96001					
Telephor	ne No. 530-225-4424					
Fax/Em	nail	530-225-4324				
Informat	ion provided					

Information provided to 2018 CUEA

Names and Address of Authorized Representative(s)/Billing

August 7, 2018

Date

to 2018 CUEA Custodian:

CUEA MAA Attach B

Name of Uti	lity	Riverside Public Utilities				
Mailing Add	ress					
In dividuals	to Call for Emorganov Assistan					
	to Call for Emergency Assistan ED REPRESENTATIVE:	ce:				
Name	Richard de Aragon Jr.					
Title	Manager, Grid Operations	Address				
E-Mail	rdearagon@riversideca.gov					
Day Phone	951-351-6306	 Night Phone				
FAX	-	 Cellular	303-909-2163			
ALTERNAT	E AUTHORIZED REPRESENT.	ATIVE(S):				
Name	Russ Johnson					
Title	Electric Field Manager	Address				
E-Mail	rjohnson@riversideca.gov					
Day Phone	951-351-6345	Night Phone				
FAX		Cellular	909-238-2709			
Name						
Title		Address				
E-Mail		Pager No.				
Day Phone		Night Phone				
FAX		Cellular				
SPATCH CE	NTER WITH 24-HOUR TELEPI	HONE ANSWERI	NG:			
ame						
tle						
ldres						
ione	Fax					
LLING/PAYN epartment of ¹	IENT ADDRESS: Utility					
- lling/Paymen ldress	t					
lophone Ne						
lephone No. ax/Email						
formation pro	.1 1					

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Last Updated: _

Names and Address of Authorized Representative(s)/Billing

Date	2/19/2015					
Name of Utility		City of Roseville - Roseville Electric				
Mailing Add	lress	2090 Hilltop Circle				
			Roseville, C	A 95747		
Individuals	to Call for Eme	rgency Assistan	ce:			
<u>AUTHORIZ</u>	ED REPRESEN	TATIVE:				
Name	Jason Grace					
Title	Electric Operat	ions Manager	Address	Same		
E-Mail	jgrace@rosevi	lle.ca.us	Pager No.			
Day Phone	916-774-5643		—— Night Phone			
FAX			Cellular	916-532-9272		
ALTERNAT Name	E AUTHORIZE	D REPRESENTA	ATIVE(S):			
Title			Address	Same		
E-Mail			Pager No.			
Day Phone			Night Phone			
FAX			Cellular			
Name						
Title			Address			
E-Mail			Pager No.			
Day Phone			Night Phone			
FAX			Cellular			
Name	CENTER WITH	I 24-HOUR TEL	EPHONE ANSW	ERING:		
Title						
Address			_			
Phone			Fax 			
	AYMENT ADD					
Department	-		lle - Roseville Ele	ectric		
Billing/Payı	ment Address	2090 Hilltop C				
_		Roseville, CA 9				
Telephone N	lo.	916-774-5670)			
Fax/Email						

Information provided to 2016 CUEA Custodian:

COLIT Custoulan.

 $Names\ and\ Address\ of\ Authorized\ \ Representative(s)/Billing$

Date		y 6, 2015	1		
Name of Utility Sacram		ento Municipal Uti	lity District		
Mailing Address P.O. B		ox 15830			
_	Sacram	ento, CA 95852-18	830		
Individuals	to Call for Eme	gency Assistance:			
<u>AUTHORIZ</u>	ED REPRESEN	TATIVE:			
Name	Jeff Briggs				
Title	Emergency Pr	eparedness Spec.	Address	6201 S. Street, Sacramento, CA 95817	
E-Mail	jeff.briggs@sr	nud.org	Pager No.	N/A	
Day Phone	(916) 732-570	8	Night Phone	e (209) 886-1860	
FAX	(916) 732-689	0	 Cellular	(209) 996-8186	
ALTERNAT	<u>E AUTHORIZE</u>	<u>D REPRESENTATI</u>	VE(S) :		
Name					
Title			Address	6201 S. Street, Sacramento, CA 95817	
E-Mail			Pager No.	N/A	
Day Phone			Night Phone	e	
FAX			Cellular		
Name					
Title			Address		
E-Mail			– Pager No.		
Day Phone			– Night Phone	e	
FAX			Cellular		
DISPATCH	CENTER WITH	24-HOUR TELEP	HONE ANSW	/ERING:	
Name	Distribution S	ystems: (916) 732	-5334, fax (9	 16)732-5946	
m: . 1			ns: (916) 732	2-5964, fax (916) 732-6313	
Title	Shift Senior O	<u> </u>	A 05027.20	25	
Address		lvd, Sacramento, C.			
Phone	(916) 732-533	4	Fax fax	(916) 732-5946	
BILLING/PA Department	AYMENT ADDI of Utility	RESS: Sacramento Mun Accounting Depa Attn: Stephanie I	rtment	District	
Billing/Pavr	ment Address	P.O. Box 15830,			
	2-1-1-10-01	Sacramento, CAS			
Telephone N	lo.	(916) 732-5510			
Fax/Email		(916) 732-6587,	stephanie.lin	dsay@smud.org	
	provided to 2015	-,,	- F	<i>y</i> = 0	

Information provided to 2015 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		January 2018					
Name of Utili	ity	San Diego Gas & Electric					
Mailing Add	ress	8326 Century Park Ct, Suit	e 61L				
		San Diego, CA 92123					
Individuals to Call for Emergency Assistance:							
<u>AUTHORIZI</u>	ED RE	PRESENTATIVE:					
Name	Zoray	ra Griffin					
Title	Emer	gency Operations Manager	Address	Same			
E-Mail	zgriffin	@semprautilities.com	Pager No.	N/A			
Day Phone	858-6	536-6914	Night Phone	On-Duty 858-503-5173			
FAX	858-6	536-6910	Cellular	(619) 787-3988			
ALTERNAT	E AUTI	HORIZED REPRESENTATI	VE(S):				
Name		Oliver					
Title	Emer _§	gency Services Program	Address	Same			
E-Mail		er@semprautilities.com	Pager No.	N/A			
Day Phone	858-6	554-1867	Night Phone	On-Duty 858-503-5173			
FAX	858-6	36-6910	Cellular	858-705-3716			
Name							
Title			_Address				
E-Mail			_Pager No.				
Day Phone			_Night Phone				
FAX			_Cellular				
11/1			_Genulai				

DISPATCH (DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:						
Name	Electric Distrib	oution Operations					
Title	Trouble Depar	tment					
Address	9060 Friars R	d, San Diego, CA 92108					
Phone	619-727-5100	Fax 619-725-8622					
	BILLING/PAYMENT ADDRESS: Department of Utility SDG&E Kris Bourbois						
Billing/Payr	nent Address	8326 Century Park Ct, Suite CP61L,					
	San Diego, CA 92123						
Telephone N	elephone No. 858-654-8710						
Fax/Email		kbourbois@semprautilities.com					

Information provided 2018

CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date						
Name of Uti	lity	San Francisco Public Utility Commission				
Mailing Add	ress	525 Golden Gate Ave. 10 th Floor				
		San Francisco, CA 94103				
Individuals	to Call for Emer	gency Assistance:				
AUTHORIZ	ED REPRESEN'	ΓATIVE:				
Name						
Title	Emergency Pla	anning Director	Address			
E-Mail			_			
Day Phone	415-554-2408	}	Night Phone			
FAX	415-551-4609		Cellular	415-204-7873		
ALTERNAT	E AUTHORIZEI	O REPRESENTATI	IVE(S):			
Name	Janice Levy					
Title			Address			
E-Mail	jlevy@sfwater.	org	_			
Day Phone			Night Phone			
FAX			Cellular	415-819-0881		
Name						
Title			Address			
E-Mail			_			
Day Phone			 Night Phone	9		
FAX			Cellular			
Name	CENTER WITH	24-HOUR TELEP	HONE ANSW	'ERING:		
Title						
Address			_			
Phone			Fax			
•	AYMENT ADDI					
Department	nt of Utility San Francisco Pu		blic Utilities	Comm		
Billing/Payr	ayment Address 525 Golden Gate		Ave. 10 th Floo	or		
		San Francisco, C	A 94103			
Telephone N	lo.	415-819-0881				
Fax/Email		jlevy@sfwater.org				

Information provided to 2013 CUEA Custodian:

Names and Addresses of Authorized Representative(s)/Billing

8/7/18

Silicon Valley Power (City of Santa Clara)

Mailing Address		1500 Warburton Avenue					
	-	Sa	Santa Clara, California 95050				
Individuals	to Call for Eme	rgency Assistance	:				
AUTHORIZ	ED REPRESEN	TATIVE:					
Name	Kevin Kolnow	ski					
Title	Assistant Dire	ector of Electric	Address	1705 Martin Avenue			
E-Mail	kkolnowski@s	santaclaraca.gov	Pager No.				
Day Phone	408-615-560	1	Night Phon	e 925-330-7464			
FAX	408-988-1080)	Cellular	925-330-7464			
<u>ALTERNAT</u>	E AUTHORIZE	D REPRESENTAT	rive(s):				
Name	Dave Padilla						
Title	Division Mana	ager-T&D	Address	1705 Martin Avenue			
E-Mail	dpadilla@san	taclaraca.gov	Pager No.				
Day Phone	408-615-5630)	Night Phon	408-710-8087			
FAX			Cellular	408-710-8087			
Name							
Title			Address				
E-Mail			Pager No.				
Day Phone			Night Phon	ne			
FAX			Cellular				
DISPATCH	CENTER WITH	I 24-HOUR TELE	PHONE ANSV	WERING:			
Name	Robert Pritch						
Title	Program Man	ager-Control					
Address	1705 Martin	Avenue, Santa Cla	ra CA 95050				
Phone	408-615-6540)	Fax 40	8-986-8406			
BILLING/PA	AYMENT ADDI	RESS:					
Department	of Utility	Finance Departs	ment				
Billing/Payr	ment Address	1500 Warburtor	n Avenue				
		Santa Clara, Ca	lifornia 9505()———			
Telephone N	lo.			_			
Fax/Email				_			
Information	provided to						

Information provided to 2018 CUEA Custodian:

Date

Name of Utility

Names and Address of Authorized Representative(s)/Billing

Date		February 2011						
Name of Uti	ility City of Shasta Lake (Electr		ric)					
Mailing Add	ress	PO BOX 777	PO BOX 777					
		Shasta Lake CA 96019						
Individuals	to Call	for Emergency Assistance:						
AUTHORIZ	ED RE	PRESENTATIVE:						
Name	Kevir	n Estabrook						
Title	Elect	ric Operations Manager	Address	4332 Vallecito St. Shasta Lake CA				
E-Mail	Kevin.	estabrook@ci.shasta-lake.ca.us	Pager No.	N/A				
Day Phone	(530)	275-7445	Night Phone	(530) 243-8518				
FAX	(530)	275-7484	 Cellular	(530) 227-8775				
<u>ALTERNAT</u>	E AUT	HORIZED REPRESENTAT	IVE(S):					
Name	Tren	Drenon						
Title	Assis	tant Electric Director	Address	4332 Vallecito St Shasta Lake CA				
E-Mail	Trent.	drenon@ci.shasta-lake.ca.us	– Pager No.	N/A				
Day Phone	(530)	275-7424	Night Phone	(530) 547-4271				
FAX	(530)	275-7435	Cellular	(530) 638-6564				
Name	Tom	Miller						
Title	Elect	ric Utility Director	Address	4332 Vallecito St Shasta Lake CA				
E-Mail	Tom.n	niller@ci.shasta-lake.ca.us	Pager No.	N/A				
Day Phone	(530)	275-7457	Night Phone	(530) 917-9711				
FAX	(530)	275-7435	 Cellular	(530) 917-9711				
DISPATCH	CENT	ER WITH 24-HOUR TELEF	PHONE ANSW	ERING:				
Nome	City	of Shoota Lalza						

DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:					
Name	City of Shasta	ı Lake			
Title	Main office or	after hours ans	wering ser	vice	
Address	1650 Stanton	Shasta Lake C	A 96019		
Phone	(530) 275-740	00	Fax	(530) 275-7414	
	PAYMENT ADDE				
Departmen	it of Utility	Electric			
Billing/Pay	ment Address	PO BOX 777			
	Shasta Lake CA 96019				
Telephone	elephone No. (530) 275-7400				
Fax		(530) 275-741	4		

Information provided to 2010 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date		05.26.2023			
Name of Utility		SOUTHERN CALIFORNIA EDISON			
Mailing Add	ress	2244 Walnut Grove Avenue, Rosemead, CA 91770			
Individuals	to Call	for Emergency Assistance	•		
		PRESENTATIVE:			
Name		nas Jacobus			
Title	Busin	ness Resiliency Manager	Address		
E-Mail	Thon	nas.Jacobus@sce.com	Pager No.		
Day Phone	(626)	673-1163	 Night Phone	(626) 673-1163	
					
ALTERNAT	E AUT	HORIZED REPRESENTAT	<u> </u>		
Name	Syd 1	Nagoshi			
Title	T&D	Manager	Address		
E-Mail	syd.r.	nagoshi@sce.com	Pager No.		
Day Phone	562-	716-9673	Night Phone	562-716-9673	
Name	Adeb	ola Ayorinde			
Title	Direc	etor	Address		
E-Mail	adeb	ola.ayorinde@sce.com	— Pager No.		
Day Phone	310-	503-6437	Night Phone	310-503-6437	
Name	Anth	ony Edeson			
Title	Direc	etor	Address		
E-Mail	anth	ony.edeson@sce.com	Pager No.		
Day Phone	951-3	312-1025	Night Phone	951-312-1025	

DISPATCH CENTER WITH 24-HOUR TELEPHONE ANSWERING:				
Name	Grid Control	Grid Control Center (GCC), Systems Operations		
Title	Dispatcher or	Systems Operator on duty		
Address				
Phone	626-308-6717	Fax		
BILLING/PAYMENT ADDRESS:				
Departmen	nt of Utility	Non-Energy Billing		
Billing/Pay	yment Address	2244 Walnut Grove Avenue, Rosemead, CA 91770		
N	Non-Energy Billing Pilar Alegre (626) 302-1170, pilar.alegre@sce.com			
cc: Rebecca Relyea (714) 383-3428, Rebeca.Relyea@sce.com				

Information provided to 2023 CUEA Custodian:

CUEA MAA Attach B

INCIDENT CONTACT

Name	Nancy Monika Sacré
Title	T&D Wildfire Program Management
Email	sacrenm@sce.com
Office Phone	(626) 315-0680
Cell Phone	(626) 315-0680

SECONDARY INCIDENT CONTACT – Serves as backup to the Primary Contact when they are unavailable or unreachable. This person will receive JCC communications.

Name	Tom Jacobus
Title	Business Resiliency Manager
Email	thomas.jacobus@sce.com
Office Phone	(626) 673-1163
Cell Phone	(626) 673-1163

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Crystal Chambers
Title	Business Resiliency Manager
Email	crystal.r.chambers@sce.com
Office Phone	(626) 485-1160
Cell Phone	(626) 485-1160

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Rebecca Relyea
Email	rebecca.relyea@sce.com
Cell Phone	(714) 383-3428

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Megan Fanning
Email	megan.fanning@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	BRDM
Email	businessresiliencydutymanager@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Donna Boston
Email	donna.boston@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Pamela Pernin
Email	pamela.pernin@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Breanna Medina
Email	Breanna.Medina@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Paul Roller
Email	paul.roller@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Thomas Brady
Email	thomas.brady@sce.com

<u>ADDITIONAL INCIDENT CONTACT</u> – (Optional and can add as many Additional Incident Contacts as required) This person will receive JCC communications.

Name	Cullen Armet
Email	cullen.armet@sce.com

Names and Address of Authorized Representative(s)/Billing

i e						
Date		2/8/				
Name of Util		Southern California Gas Company				
Mailing Add	lress 555 W. Fifth St	555 W. Fifth St., ML: GT0EOC, Los Angeles, CA 90013				
Individuals	to Call for Emergency Assistance:	:				
<u>AUTHORIZ</u>	ED REPRESENTATIVE:					
Name	Paul Smith					
Title	Emergency Services Manager	Address	555 W. Fifth St., ML: GT0EOC, Los Angeles, CA 90013			
E-Mail	psmith1@semprautilities.com	Pager No.	N/A			
Day Phone	213-244-4439	Night Phone	310-499-3441			
FAX		Cellular	310-499-3441			
ALTERNAT	'E AUTHORIZED REPRESENTAT	IVE(S):				
Name	Jill Tracy					
Title	Director of Emergency Services	Address	555 W. Fifth St., ML: GT0EOC, Los Angeles, CA 90013			
E-Mail	jtracy@semprautilities.co	Pager No.	N/A			
Day Phone	213-244-4103	Night Phone	619-929-1764			
FAX	213-244-8000	Cellular	619-929-1764			
Name						
Title		Address				
E-Mail		— Pager No.				
Day Phone		— Night Phone				
FAX		Cellular				
DISPATCH	CENTER WITH 24-HOUR TELEP	HONE ANSW	ZERING:			
Name	24 Hour Dispatch Message Cent					
Title						
Address						
Phone	213-244-8900	Fax				
BILLING/P. Department	AYMENT ADDRESS: of Utility					
Billing/Payı	ment Address					
Telephone N	No.					
Fax/Email						

Information provided to 2017 CUEA Custodian:

Page B - 1 CUEA MAA Attach B Last Updated:

Names and Address of Authorized Representative(s)/Billing

Data		Falarra 26, 2010		(),	
Date		February 26, 2018			
Name of Utility		Southwest Gas Corporation			
Mailing Address		5241 Spring Mountain Rd			
		Las Vegas, NV 89150-002			
Individuals	to Call	for Emergency Assistance:			
<u>AUTHORIZ</u>	ED RE	<u>PRESENTATIVE:</u>			
Name	Ed Es	stanislao			
Title		ger / Engineering & Project ort Staff		5241 Spring Mountain Rd	
E-Mail	edgar	do.estanislao@swgas.com	Pager No.		
Day Phone	702-3	64-3167	Night Phone	702-498-2830	
FAX	702-8	376-4238	Cellular	702-498-2830	
ALTERNAT	E AUT	HORIZED REPRESENTATIV	- VE(S):		
Name		Lang			
Title	Direc	tor/Engineering	Address	5241 Spring Mountain Rd	
E-Mail	<u>kevin</u>	.lang@swgas.com	Pager No.		
Day Phone	702-3	364-3263	- Night Phone	702-423-6695	
FAX			Cellular		
Name	Sam G	randlienard –	_		
Title	– Gene	ral Manager/Operations	Address	13471 Mariposa Rd. Victorville, CA 92395	
E-Mail	sam.g	randlienard@swgas.com	_Pager No.		
Day Phone	760-	951-4024	_Night Phone	760-953-9181	
FAX			Cellular		
DISPATCH (CENTE	R WITH 24-HOUR TELEPH	HONE ANSW	ERING:	
Name	Corporate Gas Control				
Title					
Address	5241 Spring Mountain Rd., Las Vegas, NV 89150-002				
I _					

Title					
Address	5241 Spring Mountain Rd., Las Vegas, NV 89150-002				
Phone	702-364-3431	702-364-3431		702-364-8598	
	PAYMENT ADD	RESS: Engineering			
Department of Utility				L O	
Billing/Pa	yment Address	5241 Spring Mo	ountain i	Ra.	
		Las Vegas, NV 8	39150-00)2	
Telephone No.		702-364-3167			
Fax		702-876-4238			
Information	nrovided to 2018				

Information provided to 2018 CUEA Custodian:

Names and Address of Authorized Representative(s)/Billing

Date			February	19, 2019	
Name of Uti	lity	Truckee Donner Public Utility District			
Mailing Address		11570 Donner Pass Road			
			Truckee, C	CA. 96161	
Individuals	to Call for Eme	rgency Assistance:			
AUTHORIZ	ED REPRESEN	TATIVE:			
Name	Charles Berry				
Title	Electric Super	rintendent	Address	11570 Donner Pass Road	
E-Mail	cj@tdpud.org		— Pager No.	N/A	
Day Phone	530-582-3932	2	Night Phon	e 916-549-4879	
FAX	(530) 587-118	9	Cellular	916-549-4879	
ALTERNAT	E AUTHORIZE	D REPRESENTAT	IVE(S):		
Name	Stephen Holla	baugh			
Title	Assistant Gen	eral Manager	Address	11570 Donner Pass Road	
E-Mail	stephenhollab	augh@tdpud.org	— Pager No.	N/A	
Day Phone	(530) 582-393	4	Night Phon	e (530) 587-7861	
FAX	(530) 587-118	9	Cellular	(530) 448-3028	
Name					
Title			Address		
E-Mail			Pager No.		
Day Phone			— Night Phon	e	
FAX			Cellular		
DISPATCH	CENTER WITH	I 24-HOUR TELEI	PHONEANSW	VERING.	
Name		er Public Utility D		<u> </u>	
Title					
Address	11570 Donne	r Pass Road, Trucl	cee, CA. 9616	51	
Phone	(530) 587-389	<u> </u>	-	30) 587-5056	
BILLING/P	AYMENT ADDR	PESS:	<u> </u>		
Department		Accounting Depa	artment		
_	nent Address	11570 Donner Pa	ass Road		
	_		161		
Telephone N	lo.	(530) 587-3896			
Fax		(530) 587-5056			
		· ,			

Information provided to 2010 CUEA Custodian:

Pacific Gas & Electric

Names and Address of Authorized Representative(s)/Billing

		D 1 20 2010		
Date		December 30, 2019		
Name of Utility <u>Turlock Irrigation District</u>		et		
Mailing Add	ress	PO Box 949 Turlock, CA	95381	
Individuals	to Call	for Emergency Assistance	e:	
AUTHORIZE	ED REP	RESENTATIVE:		
Name	Manjo	ot Gill		
Title		rical Engineering and	Address	333 E Canal Drive Turlock, CA
	Opera	ations Assistant GM		95382
E-Mail	<u>msgil</u>	l@tid.org		
Day Phone	209-883-8241		Cell Phone	209-613-4044
A I TEDNIATI	C ATTT	HODIZED DEDDECENTATI	IVE(C).	
		HORIZED REPRESENTATI	(VE(3).	
Name	Denve	er Hodges		
Title	Line I	Department Manager	E-Mail	dmhodges@tid.org
Day Phone	209-883-8477		Cell Phone	209-202-9571
N				
Name				
Title			E-Mail	
Day Phone			Cell Phone	

DISPATCE	H CENTER WITH	24-HOUR TELEPHONE ANSWERING:
Name	Power Operat	ions Department
Title	Power Contro	l Center
Address	333 E Canal l	Drive Turlock, CA 95382
Phone	209-883-8480	0
BILLING/I	PAYMENT ADDR	RESS:
Departmen	nt of Utility	Accounting Department
Billing/Pag	yment Address	PO BOX 949 Turlock, CA 95381
Telephone No.		209-883-8265
Fax/Email 209-656-2158		209-656-2158
Information	provided to CUA	

Information provided to CUA Custodian 2019/2020:

CUEA MAA Attach B	Page B - 1	Last Updated:
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 $Names\ and\ Address\ of\ Authorized\ Representative (s)/Invoicing$

Date	July 2014			
Name of Util	Name of Utility City of Ukiah			
Mailing Add	ress	1320 Airport Road		
		Ukiah, CA 95482		
Individuals t	to Call	for Emergency Assistance:		
AUTHORIZED REPRESENTATIVE:				
Name	Tim S	anto		
Title	Super	intendent	Address	Same As Above
E-Mail	tsanto	@cityofukiah.com	– Pager No.	
Day Phone	707-4	·67-5778	Night Phone 707-272-0350	
FAX	707-4	67-2810	 Cellular Phone	707-272-0350
ALTERNATI	E AUTI	HORIZED REPRESENTATI	– <u>VE(S):</u>	
Name	Mel G	randi		
Title	Electr	ic Utility Director	Address	Same As Above
E-Mail	mgrai	ndi@cityofukiah.com	– Pager No.	
Day Phone	707-4	63-6295	Night Phone	
FAX			 Cellular Phone	707-391-0778
Name			_	
Title			Address	
E-Mail			– Pager No.	
Day Phone			Night Phone	
FAX			Cellular Phone	

DISPATCE	I CENTER WITH 24-HOI	JR TELEPHONE ANSWERING:	
Name	City of Ukiah Police De		
Title			
Address	300 Seminary Drive, U	kiah, CA 95482	
Phone	707-463-6250	Radio Frequency	
FAX			

INVOICING/PAYMENT ADDRESS:		
Name of Utility	City of Ukiah	
Department of Utility	Electric	
Invoicing/Payment Address	1320 Airport Road	
	Ukiah CA 95482	
Telephone No.	707-467-2825	
Fax	707-467-2811	

 $Names\ and\ Address\ of\ Authorized\ \ Representative(s)/Billing$

Date		1/25/18		
Name of Utility		Vernon Public Utilities		
Mailing Address		4305 Santa Fe Ave.		
		Vernon, Ca 90058		
Individuals	to Call for Eme	rgency Assistance:		
<u>AUTHORIZ</u>	<u>ED REPRESEN</u>	TATIVE:		
Name	Todd Dusen	berry		
Title	Assistant General Manager		Address	4305 Santa Fe Ave.
E-Mail	tdusenberry@ci.vernon.ca.us		Pager No.	
Day Phone	323-583-8811 ext.579		Night Phone	
FAX			Cellular	323-807-4261
 ALTERNAT	E AUTHORIZE	D REPRESENTAT	- IVE(S):	
Name	Kelly Nguyen		<u> </u>	
Title	General Manager		Address	
E-Mail	knguyen@ci.vernon.ca.us		 Pager No.	-
Day Phone	323-583-8811 ext.834		Night Phon	e
FAX			Cellular	323-907-2646
Name				
Title			Address	
E-Mail			– Pager No.	
Day Phone			— Night Phon	e
FAX			Cellular	
DISPATCH	CENTER WITH	I 24-HOUR TELEP	HONE ANSW	VERING:
Name	Control Center			
Title	Utilities Dispatch on duty			
Address	4990 Seville Ave. Vernon, CA 90058			
Phone	323-826-1461 Fax 323-585-3119			
,	AYMENT ADD			
Department of Utility		Customer Service		
Billing/Payment Address		4305 Santa Fe Ave.		
		Vernon, Ca 90058		
Telephone No.		323-583-8811 ext.202		
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