



Southern California Edison  
Rosemead, California (U 338-E)

Revised Cal. PUC Sheet No. 45874-E  
Cancelling Revised Cal. PUC Sheet No. 44241-E

Sheet 1

REQUEST FOR A CHANGE OF RATE SCHEDULE (T)  
FORM CSD-179

(To be inserted by utility)

Advice 2386-E  
Decision 09-08-028

Issued by  
Akbar Jazayeri  
Vice President

(To be inserted by Cal. PUC)

Date Filed Sep 30, 2009  
Effective Oct 1, 2009  
Resolution \_\_\_\_\_

**REQUEST FOR CHANGE OF RATE SCHEDULE**

(C)

Customer Name \_\_\_\_\_

Customer Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Service Account #	Service Address	City	Current Rate Schedule	Requested Rate Schedule	FOR CPP USE ONLY					Rate Change Effective Date (For SCE use only)	CISR on File as of Rate Change Request Date (For SCE use only)
					Primary Notification Phone No.	Courtesy Notification Phone No. (Enter up to 2)	Courtesy Notification Fax No.	Courtesy Notification Pager No.	Courtesy Notification E-mail Address		
Service Account #											
Service Account #											
Service Account #											
Service Account #											
Service Account #											
Service Account #											
Service Account #											

I, the undersigned, fully understand all of the provisions contained in the requested rate schedule(s) and that any analysis done on the account(s) is simply an estimate of costs and savings based on available information and that my actual bill may differ from this estimate. I also understand that by changing my rate schedule, I may be prohibited from changing to another rate for a period of 12 months. I further understand that service under an applicable rate schedule will become effective on the next scheduled meter read date following SCE's verification that each requested rate change is applicable.

\_\_\_\_\_  
Authorized Company Representative (Please Print)

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCE Account Representative (Please Print)

Note: Please send original to Billing.

(C)