



MIDAMERICAN ENERGY COMPANY
P.O. Box 4350
Davenport, Iowa 52808-4350

SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
SD P.U.C. Sec. No. 6
1st Revised Sheet No. 3
Canceling Original Sheet No. 3

**** Reserved for Future Use ****

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Davenport, Iowa 52808-4350

SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
SD P.U.C. Sec. No. 6
1st Revised-Sheet No. 4
Canceling Original Sheet No. 4

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Date Filed: August 23, 2021
Docket No. NG21-006

Effective Date: September 30, 2021

Issued By: Timothy J. Whipple
Vice President, General Counsel



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SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
SD P.U.C. Sec. No. 6
1st Revised Sheet No. 5
Canceling Original Sheet No. 5

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SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
 SD P.U.C. Sec. No. 6
 1st Revised Sheet No. 6
 Canceling Original Sheet No. 6

**SECTION 6 – SAMPLE FORMS
 DISCONNECT NOTICE**



MIDAMERICAN ENERGY COMPANY
At Your Service
 800-952-0112
 MidAmericanEnergy.com

Date Issued: July 29, 2019
 Account Number: 01234-56789
 Notice For: JOHN DOE
 123 MAIN ST
 SIOUX FALLS SD 57106

Disconnect Notice
 Important - Read Immediately!
 Importante--Este aviso afecta sus derechos y obligaciones, y debe ser traducido inmediatamente.

Your utility service is in danger of disconnection because of an unpaid past due balance. MidAmerican Energy disconnects service as a last resort. It is important that you take action now.

Amount Due: \$336.10
 Due By: August 8, 2019


Your payment of \$336.10 must be received by the due date above to avoid disconnection of service.

Call MidAmerican Energy at 800-952-0112 to discuss payment options if you are unable to pay the full amount of this notice by the due date.

Important information:

- A partial payment will NOT cancel this disconnect notice.
- Future bills do NOT cancel this disconnect notice.
- Payments mailed and not received by the disconnect notice due date will not prevent disconnection.
- If disconnected, payment in full and a reconnect fee up to \$30.00 for electric service and \$35.00 for gas service plus applicable taxes may be required before service is restored.
- Reconnection fees may be substantially higher if service is restored outside of business hours.
- You may be required to pay a deposit. If you have already been billed a deposit, it may be increased.

See the reverse side for more information.


At Your Service

Account Number: 01234-56789

Total amount due by August 8, 2019 **\$336.10**

Pay online at MidAmericanEnergy.com
 Make a payment by phone at 800-952-0112
 More choices at MidAmericanEnergy.com/payment_options

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 *****MIXED AADC 612
 JOHN DOE
 123 MAIN ST
 SIOUX FALLS SD 57106-6718

MidAmerican Energy Company
 PO Box 8020
 Davenport IA 52808-8020

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SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
SD P.U.C. Sec. No. 6
1st Revised Sheet No. 7
Canceling Original Sheet No. 7

**SECTION 6 – SAMPLE FORMS
DISCONNECT NOTICE (continued)**

****NOTICE OF PENDING DISCONNECTION****

To avoid possible disconnection, the total due on this notice must be paid or a payment agreement must be made by the due date. This notice does not extend or void any prior disconnect notices.

Contact MidAmerican Energy Company at 800-952-0112 if you want to dispute all or a portion of this notice, inquire about a payment agreement or need further information.

If you have a dispute that MidAmerican Energy Company is unable to resolve, contact the South Dakota Public Utilities Commission, the state regulatory agency, at 800-332-1782 for assistance.

Disregard this notice if payment has already been made.

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SOUTH DAKOTA GAS TARIFF SCHEDULE NO. 2
SD P.U.C. Sec. No. 6
1st Revised Sheet No. 8
Canceling Original Sheet No. 8

**SECTION 6 – SAMPLE FORMS
CUSTOMER RELEASE**

	<small>15-88 4/11/18</small>
AUTHORIZATION TO RELEASE INFORMATION AND CONDUCT ACTIVITY	
<p>In order to delegate authority to create or manage a MidAmerican Energy Company utility account, the authorizing party must complete this form. If the authorizing party is a business, the form must be completed by an authorized employee who may act on behalf of the business. The authorizing party may designate an appointee to receive information or transact business on behalf of the authorizing party and must specify what information the appointee is entitled to receive, what if any act(s) the appointee may transact on behalf of the authorizing party and whether the authorization is being provided on a one-time basis or on a longer-term basis. This form must be completed in its entirety and signed by the authorizing party or by an authorized employee of the business. It is MidAmerican Energy's desire to permit appointees to transact necessary business in a manner without jeopardizing the confidential nature of the authorizing party.</p> <p>Completed forms mailed to: ATTN Support Services MidAmerican Energy Company P.O. Box 4350 Davenport, IA 52808-4350</p> <p style="padding-left: 100px;">Fax: 563-336-3568 E-mail: OnlineCustomerService@midamerican.com</p> <p>Upon receipt and review of the completed form, the designated account(s) will be noted with the appropriate authorization provided. This form is to be utilized for the granting of authorization only, and the appointee is responsible for contacting MidAmerican Energy to create an account, complete any transaction, or request any information.</p>	
Section 1 (Complete all five sections)	
<u>If you are an Individual:</u>	
I, _____ <small>Individual Name/Authorizing Party</small>	_____ <small>SSN</small>
_____ <small>Address</small>	_____ <small>Telephone Number</small>
_____ <small>City</small>	_____ <small>State</small>
_____ <small>Zip</small>	
<u>Do hereby authorize</u>	
_____ <small>Name of Appointee(s) or Business</small>	_____ <small>Telephone Number</small>
_____ <small>Address</small>	_____ <small>City</small>
_____ <small>State</small>	_____ <small>Zip</small>
<u>If you are a business:</u>	
_____ <small>Business Name/Authorizing Party</small>	_____ <small>Tax ID</small>
_____ <small>Name of Officer Completing Form</small>	_____ <small>Telephone Number</small>
_____ <small>Address</small>	_____ <small>Title</small>
_____ <small>City</small>	_____ <small>State</small>
_____ <small>Zip</small>	
<u>Do hereby authorize</u>	
_____ <small>Name of Appointee(s) or Business</small>	_____ <small>Telephone Number</small>
_____ <small>Address</small>	_____ <small>City</small>
_____ <small>State</small>	_____ <small>Zip</small>
<input type="checkbox"/> By checking this box I authorize all employees of the business named above <i>Employees of the authorized business above requesting to do business must acknowledge they are a representative of and authorized to perform on behalf of the business, as well as provide the tax ID for the authorizing party.</i>	

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1st Revised Sheet No. 9
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**SECTION 6 – SAMPLE FORMS
CUSTOMER RELEASE (continued)**

Section 2 Accounts included in this authorization (check one box only):
If no box is selected the authorization will apply to the current, most recent active account.

All accounts in my name (Includes past, present and future accounts, as of the Effective Date in Section 4)
 Specified account number(s) or addresses (if additional space is needed, attach on a separate sheet):

<u>Account Number(s)</u>	<u>Service Address</u>
_____	_____
_____	_____

Section 3 The Authorized party is allowed to conduct the following actions:

Unrestricted and Unlimited – all activity and transactions including creating an account, completing any transaction, or requesting any information.
or
 Restricted/Limited – activity or transactions (check any or all below that apply)

- Receive bills and remit payments only
- Receive account balance
- Establish payment arrangements
- Establish/maintain budget billing
- Receive credit and billing history
- Request rate analysis and rate changes
- Request connection and disconnection of services
- Meter usage history, including special metering, interval usage and other meter usage data
- Establish a billable account/customer profile in my name
- Other _____

Section 4 The authorized party can receive account information and/or conduct business as indicated above:

Effective Date: ____/____/____ (mm/dd/yy)
If no time period is specified, the authorization will be effective from the date of signature below.

Expiration Date: ____/____/____ (mm/dd/yy)
If no time period is specified, the authorization will be honored as having no expiration date.

Section 5

I understand that by reason of this authorization, the named appointee may conduct the designated activity and transactions on the account(s) that I, as authorizing party, may direct or perform, including establishing a new billable account and customer profile, even though I remain responsible for all payment and other service obligations. This authorization shall continue in effect until the date specified unless earlier terminated by me, authorizing party.

Utility Release: Authorizing Party hereby releases **MidAmerican Energy Company**, its employees, officers and agents from any and all liability associated with the dissemination and use of such utility account information and authorization.

PRINT CUSTOMER NAME _____ CUSTOMER SIGNATURE _____

Executed this ____ day of _____, _____
MONTH YEAR

Signatory acknowledges they are an officer of, or they are the customer of record, and have the authority to authorize the party in Section 1. MidAmerican Energy accepts both written and electronic signatures. Electronic signatures are subject to the provisions of the electronic signature law of the state the customer resides.

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