

(N)

FORM OF REMINDER NOTICE

WINTERHAVEN TELEPHONE COMPANY  
P.O. BOX 9600  
STOCKTON, CALIFORNIA 95208

DUE DATE

\* REMINDER \* THE AMOUNT SHOWN BELOW HAS NOT BEEN CREDITED  
TO YOUR ACCOUNT. IF PAYMENT HAS BEEN MADE,  
KINDLY CALL OUR OFFICE AT 916-327-2131 SO WE  
CAN AVOID BILLING A RECONNECT CHARGE.

PLEASE PAY  
THIS AMOUNT

(N)

To be inserted by utility

Issued by

To be inserted by Cal. P.U.C.

Advice Letter No. \_\_\_\_\_

H. J. WATERS

Date Filed \_\_\_\_\_

NAME

Effective \_\_\_\_\_

Decision No. \_\_\_\_\_

PRESIDENT

TITLE

Resolution No. \_\_\_\_\_

11 20

FORM OF MONTHLY BILL

WINTERHAVEN TELEPHONE COMPANY 18025 OLINDA RD. ANDERSON CA 916-357-2231

\*\*\*\*\*  
\* PLEASE RETURN THIS STUB WITH PAYMENT -----  
\* \*\*\* PAYMENT IS DUE BY \*\*\*  
\*\*\*\*\*

PLEASE SEE REVERSE SIDE FOR LONG DISTANCE RATE CODE

TYPE OF CALL CODES

T=TYPE	P=PERIOD	C=CLASS
1 SENT PAID	1 DAY	1 PERSON
2 THIRD NUMBER	2 EVENING	2 PERSON
3 CALLING CARD	3 NIGHT WEEKEND	3 OPERATOR STATION
4 COLLECT	4 SPECIAL INTRASTATE	4 DIAL STATION
5 SPECIAL COLLECT		OPERATOR COMPLETED DIAL RATE APPLIED
6 COIN PAID		5 O - CALLING CARD
7 COLLECT TO COIN		

For California Customers:

Should you question this bill, please request an explanation from the company. If you thereafter believe you have been billed incorrectly, the amount of the bill should be deposited with the California Public Utility Commission, 505 Van Ness Avenue, San Francisco, CA 94102 0298, to avoid discontinuance of service. Make remittance payable to the California Public Utilities Commission and attach a bill and a statement supporting your belief that the bill is not correct. The commission will review the basis of the billing amount and make disbursement in accordance with its findings.

FOR CALIFORNIA  
PUBLIC UTILITY COMMISSION  
505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102 0298

NORTHERN CALIFORNIA 1-800-548-9919  
SOUTHERN CALIFORNIA 1-800-548-6967

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K. J. WATERS

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STANDARD FORM - DISCONNECT NOTICE

# REMINDER NOTICE

## Your payment hasn't arrived yet.

Unless we receive payment for your telephone service within 5 days from the date of this notice, your phone will be subject to disconnection. If disconnection should become necessary, we will ask you for a Reconnect Charge in addition to the full payment of the telephone charge before re-establishing service. So won't you please send your payment today? If you have any questions, please call our Business Office.

**Customer:  
Please  
Retain  
This Stub**

CHECK MAY BE MADE PAYABLE TO: \_\_\_\_\_

<p>PAY THIS AMOUNT</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>PHONE NUMBER</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 40%;"></div> </div> <p>DATE OF NOTICE</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>RETURN THIS STUB WITH PAYMENT</p> <p>IF THIS BILL HAS BEEN PAID, PLEASE DISREGARD THIS NOTICE.</p>	<p>PAY THIS AMOUNT</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>PHONE NUMBER</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 40%;"></div> </div> <p>DATE OF NOTICE</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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Should you question this bill please request an explanation from the Company. If you thereafter believe you have been billed incorrectly, a Company representative in the local business office will be happy to explain to you the procedure for obtaining review of the amount in question by the state agency which regulates public utility companies.

To be inserted by utility

Advice Letter No. \_\_\_\_\_

Issued by

K. J. WATERS

NAME

PRESIDENT

Decision No. \_\_\_\_\_

To be inserted by Cal. P.U.C.

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(N)

SPECIAL NOTICE - NONCOMPLIANCE WITH RULE 11

CUSTOMER'S NAME  
ADDRESS

Dear \_\_\_\_\_,

We know how important your telephone is to you and want to do everything we can to continue your service. However, you may not be in compliance with our tariffs filed with the California Public Utilities Commission (CPUC), which state:

"The Utility may not discontinue or deny service at a premises where services provided to a prior customer were disconnected for nonpayment, except where it is found that the delinquent customer still resides at that same premises."

There is an outstanding bill of \$ \_\_\_\_\_, regarding services rendered to a prior customer at your premises. We must hear from you or receive full payment within 5 days, or service will be disconnected. To restore your service, a restoral charge of \$ \_\_\_\_\_, and a deposit of \$ \_\_\_\_\_, will be required in addition to the outstanding bill.

If you still disagree after calling the office, send the disputed amount to the CPUC, to avoid being disconnected. Include with your payment, a statement supporting your belief. The Commission will investigate this matter and advise us of its findings. Their address is State Building, 350 Mc Allister Street, San Francisco, California 94102, Attention Mrs. T. Ghee.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
NAME OF COMPANY

(N)

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(N)

WRITTEN STATEMENT REGARDING FORMER BUSINESS CUSTOMER'S OCCUPANCY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I, the undersigned, certify that \_\_\_\_\_ (name) \_\_\_\_\_, the former customer of the Utility at \_\_\_\_\_ (address) \_\_\_\_\_ was, and is not occupying the premises or affiliated with the above business.

In the event that this statement is falsified, I then may be held liable for the entire delinquent bill owed the Utility by the previous customer and shall also be liable for a deposit in accordance with the Utility's tariffs.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(N)

(To be inserted by utility)

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(To be inserted by Cal. P.U.C.)

Advice Letter No. \_\_\_\_\_

K. J. WATERS

Date Filed \_\_\_\_\_

Decision No. \_\_\_\_\_

NAME

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PRESIDENT

Exclusion No. \_\_\_\_\_

(N)

WRITTEN STATEMENT REGARDING FORMER RESIDENCE CUSTOMER'S OCCUPANCY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I, the undersigned, certify that \_\_\_\_\_ (name), the former customer of the Utility residing at \_\_\_\_\_ (address) was, and is not a member of this household.

In the event that this statement is falsified, I then may be held liable for the entire delinquent bill owed the Utility by the previous customer and shall also be liable for a deposit in accordance with the Utility's tariffs.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(N)

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