



**PUBLIC SERVICE COMPANY**

**REQUEST FOR AMENDMENT/CHANGE NOTIFICATION  
TO GAS TRANSPORTATION SERVICE AGREEMENT**

SHIPPER INFO

Date: \_\_\_\_\_ Contract # \_\_\_\_\_

Shipper:\* \_\_\_\_\_

Mailing & \_\_\_\_\_

Notice Address: \_\_\_\_\_

Notice Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts:** *For gas flow and other communications. Three preferred.*

During business hours call	1 _____	Phone 1 _____
	2 _____	2 _____
	3 _____	3 _____
After business hours call	1 _____	1 _____
	2 _____	2 _____
	3 _____	3 _____

*\*If Shipper is different from Receiving Party, then Shipper must include written authorization from Receiving Party to act on its behalf.*

**What change is requested?**

RECEIVING PARTY INFO

Receiving Party:\* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Receiving Party Customer Type:**

Existing Contract #: _____	Check one:	Requested (Check one):
Interruptible Sales	Firm Sales	Firm Transport
Interruptible Transport		Interruptible Transport
Interruptible Transport & On Peak Demand		Interruptible Transport & On Peak Demand

*\* Attach list showing the required information for each Receiving Party.*

If converting from sales to transport, Electronic Meter Installation form(s) provided by (check one): PSCo \_\_\_ Shipper \_\_\_

For daily balancing, Shipper selects (check one): Transporter Balancing Option \_\_\_ Shipper Daily Balancing Option \_\_\_

SERVICE INFO

INTERRUPTIBLE SERVICE Receiving Party* & Facility Address	Annual Quantity (Dth)	MDQ	On Peak Demand Qty

FIRM SERVICE Receiving Party* & Facility Address	Annual Quantity (Dth)	MDQ

*\*If more than two, attach list showing the above information for each.*



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SVC INFO

Anticipated Date of Service to Commence: \_\_\_\_\_  
Anticipated Date of Service to Terminate: \_\_\_\_\_

TRANSPORTATION INFO

**Firm Transportation and On Peak Demand Option for Interruptible  
Transportation Service - Primary Receipt Point(s)**

**Firm  
Receipt  
Point Daily  
Quantity  
(Dth)\***


Total \_\_\_\_\_

*\* Firm Receipt Point Quantity should not include FL&U %, and Total Quantity cannot exceed MDQ.*

NOM AGENT

**Nominating Agent:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Emergency Contacts During:**  
**Business Hours:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**After Hours:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

BILLING AGENT

**Billing Agent:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

APPROVAL

**Submitted By (Signature):\*** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*\*Must be signed by an authorized representative*

**PSCo Use Only**

**Approval Of This Request Will Amend Shipper's Gas Transportation Service Agreement**

**Approved:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Transport Rep:** \_\_\_\_\_

**Date**  
Agency Designation Received: \_\_\_\_\_  
Meter Request Completed: \_\_\_\_\_  
Imbalance transfer letter submitted with request (y/n): \_\_\_\_  
Credit/Security Required: \_\_\_\_\_