



PUBLIC SERVICE COMPANY

For PSCo Use Only :

Contract # : _____

New Meter Required : _____

**FORM OF REQUEST FOR
GASTRANSPORTATION SERVICE**

SHIPPER INFO

Date: _____

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 1	Phone 1
Business Hours 2	2
3	3
After 1	1
Business Hours 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.*

RECEIVING PARTY INFO

Receiving Party:* _____

Mailing Address: _____

Contact Name: _____

Phone: _____ **Email:** _____

Receiving Party Customer Service:

Existing (Check Prior (and prior service type) or New): Prior (Contract#: _____) / New Facility	Requested Service (Check one):
Firm Sales Interruptible Tran. & On Peak Demand	Interruptible Transport Firm Transport
Firm Transport Int Transport Interruptible Sales	Interruptible Transportation & 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.*



PUBLIC SERVICE COMPANY

**FORM OF REQUEST FOR
GAS TRANSPORTATION SERVICE**

SVC INFO

Requested Date of Service to Commence: _____
Requested 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

Approved: _____	Date: _____
Date: _____	Agency Designation Received: _____
Name: _____	Meter Request Completed: _____
Title: _____	Imbalance transfer letter submitted with request (y/n) _____
Transport Rep: _____	Credit/Security Required: _____