

Columbia Gas of Pennsylvania, Inc.

Gas Distribution Service Application Procedures

Effective with anticipated flow dates of December 01, 2000, for new, amended, or replacement Gas Transportation Agreements and Agency Agreements, a new procedure will be used.

1. A typed **General Distribution Application & Agreement** (Exhibit A) will be provided by the natural gas supplier, completed and signed by the customer, and the original document will be mailed to:

GDS Department
Columbia Gas of Pennsylvania, Inc.
650 Washington Road 7th Floor
Pittsburgh, PA 15228

2. If the application is approved, Columbia will process the document and return a copy to the customer.
3. The customer will be notified of the first day that Columbia will accept gas for the account via letter when the customer's copy of the original agreement is returned.
4. The natural gas supplier will be notified of the first day that Columbia will accept gas for the account via fax. The fax will be in the form of a copy of the letter mailed to the customer. This letter will include the nomination group identification number assigned to the customer. This number will be used when nominating gas on Columbia's Electronic Bulletin Board Nomination System - GAIN+. Please be sure to review this information carefully. If concerns or questions arise, please contact the Columbia Gas of Pennsylvania Distribution Department.
5. **Timetable** – The due date for completed New and Amended (adding an additional facility), Application & Agreements will be the 10th of each month for gas to flow the first of the following month.

Example: Original document received by November 10. Gas will flow December 1.

If the 10th falls on a weekend or holiday, the business day immediately prior to the 10th will become the due date.

The due date for Replacement Agreements (changing the Agent only) will be five business days prior to the first of the month the gas will flow.

Example: Original Application & Agreement reflecting a change in agent received in CPA office no later than October 25. Agent change will be effective with gas flow November 1.

Note: Columbia Gas is closed the day after Thanksgiving.

Columbia Gas of Pennsylvania, Inc.

Instructions for Completing the General Distribution Application & Agreement

SECTION I: CUSTOMER INFORMATION

General Contact Information

1. **Customer's Legal Corporate Name** - Customer's legal corporate name must be a corporation (ex. Corp., Inc.) If the business is not a corporation, then the business owner's full name will be the legal name and the business name should be listed under "Customer Doing Business As". If a partnership, list each partner's name in the Legal Corporate Name space. If a limited partnership, then "LTD" must be included and the general partner's name should be the customer contact.
2. **Customer DBA** - if the facility submitting the application is doing business under a name other than specified in the 'legal corporate name' space, please list the 'doing business as' name.
3. **Customer Contact Name, Title, Address, Phone, Fax, & Email** - Columbia will address all written correspondence regarding the application & agreement, procedural changes, etc., to this person.

Billing and Invoice Contact Information

This section should reflect the applicant's accounts payable information. If the invoice is to be mailed to a third party, such as an agent, a separate written request for mailing address change will be necessary.

4. **Company Name** – Company name the invoice should be mailed to.
5. **To the Attention of** – the person to whose attention the invoice should be mailed to. This could also be the name of a department, such as the Accounts Payable Department.
6. **Address, City, State & Zip Code** – to mail the invoices to.
7. **Primary Contact Name** – the name of the person Columbia should contact regarding balances or adjustments on invoices.
8. **Alternate Contact Name** – the name of the person Columbia should contact when the primary contact is not available.
9. **Telephone, Fax, and Email** – phone and fax numbers, and email addresses for both the primary and alternate contact persons.

Columbia Gas of Pennsylvania, Inc.

Allocation/Emergency Contact Information

Customer Allocation/Emergency Contact names, home, business, fax and pager numbers, and email addresses – it is very important that all information be completed for two separate contacts and must be information other than natural gas supplier/agent names. This information will be kept strictly confidential and will only be used for emergency purposes. If this section is not completed, Columbia will contact the customer for this information, which may cause a delay in the processing of the document. If the contacts do not have a pager number and/or email address, please mark these items “Not applicable”.

SECTION II: SERVICES PROVIDED UNDER THIS GENERAL DISTRIBUTION SERVICES APPLICATION AND AGREEMENT

The Applicant should review this information thoroughly. The Columbia Gas of Pennsylvania Tariff is available on the website - www.columbiagaspa.com. The Rules Applicable to Distribution Service (RADS) begin on page 181 of the tariff.

SECTION III: TERM

For review only.

SECTION IV: VOLUMETRIC INFORMATION

This section gives the customer the opportunity to determine their contractual volumes or have Columbia determine the quantities based on historical information for the facility. If the customer elects to specify the quantities, Columbia will verify the volumes based on historical data for the facility. If there is a significant difference between the customer's projections and Columbia's projections based on historical volumes, processing of the document will be delayed and the applicant will be contacted regarding the discrepancy. If the applicant has reason to believe their future consumption will not reflect historical volumes, a Columbia representative will contact the applicant to discuss the reason for the anticipated change in consumption.

SECTION V: BANKING AND BALANCING INFORMATION

For review only.

SECTION VI: DELIVERY POINT INFORMATION

For review only.

SECTION VII: APPOINTMENT OF AGENT

Columbia Gas of Pennsylvania, Inc.

This section must be completed with the licensed Natural Gas Supplier/Aggregator Information for any facility using <6000 Mcf per year. For facilities using >6000 Mcf per year, this section is optional and may contain either a company providing consulting services or a licensed Natural Gas Supplier company name. By completing this section, the applicant gives the agent permission to receive monthly ending bank and consumption information, as well as the ability to move large accounts (>6000 Mcf/yr.) into and out of aggregation groups. A facility may only have one agent at a time.

To initiate an agent change, a new General Distribution Application and Agreement must be submitted at least 5 business days prior to the effective date of agency change. Only original documents will be accepted.

The information requested in this section refers to the company name of the agent rather than an employee of the agent. The address and telephone of the agent's corporate headquarters should be specified where requested.

Accepted and Agreed on this...- Columbia will date this document when the application is accepted.

Customer's Legal Name – as specified in Section I of this document.

Customer's Signature – the signature of an employee of the applicant with the authorized to execute legal agreements.

Printed Name – The printed name of the signatory.

Title – the job title of the signatory from within the company applying for Distribution Service.

ATTACHMENT A: FACILITY INFORMATION

1. **Facility Street Address, City, State, Zip Code** - service address of meter where gas transportation will be provided as a result of this application. This address is specified on the customer's monthly bill and may be different than the facility's mailing address.
2. **Columbia Gas Account #** - Eleven (11) digit Columbia gas account number on most recent bill for facility applying for General Distribution Service
3. **Initial Aggregation Group** – If the facility is to be in an aggregation, the nomination group number of the aggregation should be specified. If the nomination group number is unknown, write 'Yes' in this blank and Columbia will determine which aggregation nomination group to put the facility in. If the facility will not initially be served from an aggregation group, specify 'No' in this space. All accounts with consumption <6000 Mcf/yr require aggregation service.

Columbia Gas of Pennsylvania, Inc.

4. **What type of business is this?** - Please be specific. If multiple facilities are served by this account, specify all types of business.
5. **Is this a human need facility?** – includes hotels, motels, prisons, apartment buildings, dormitories, single metered, multi-unit condominiums & townhouses, and hospitals, as well as sewage treatment plants.
6. **Initial Maximum Daily Volume and Annual Volume** – if the applicant chose Option B in Section IV of the General Distribution Application and Agreement, the applicant should list the volumes. If the applicant chose Option A, Columbia will complete this section.
7. **Alternate Fuel type....** - The alternate fuel needs to be on the premise and the equipment must be in operable condition. If the percentage is not readily available a Columbia representative will project alternate fuel capabilities.
8. **Percentage of gas load capable...** - a Columbia representative may assist with this calculation.
9. **Operable Alternative Fuel Test Date** – A minimum of month and year.
10. **Initial amount of Standby Service** – If the customer *wants* Standby Service or if Standby Service is required because of the nature of the facility, the Mcf volume of Standby Service will be specified here.

GENERAL DISTRIBUTION APPLICATION & AGREEMENT

TO BE COMPLETED BY THE CUSTOMER

ALL SECTIONS MUST BE COMPLETED UNLESS OTHERWISE SPECIFIED.

SECTION I: CUSTOMER INFORMATION

GENERAL CONTACT INFORMATION

*CUSTOMER'S LEGAL
CORPORATE NAME:

CUSTOMER DBA:
CUSTOMER CONTACT
NAME FOR NOTICES:

TITLE:

ADDRESS:

CITY, STATE, ZIP CODE

TELEPHONE:

FAX:

E-MAIL:

- * CUSTOMER'S LEGAL CORPORATE NAME MUST BE A CORPORATION (EX. CORP., INC.) IF THE BUSINESS IS NOT A CORPORATION, THEN THE BUSINESS OWNER'S FULL NAME WILL BE THE LEGAL NAME AND THE BUSINESS NAME SHOULD BE LISTED UNDER "CUSTOMER DOING BUSINESS AS". IF A PARTNERSHIP, LIST EACH PARTNER'S NAME. IF A LIMITED PARTNERSHIP, THEN "LTD." MUST BE INCLUDED AND THE GENERAL PARTNER'S NAME SHOULD BE THE CUSTOMER CONTACT.

BILLING AND INVOICE CONTACT INFORMATION

THIS SECTION SHOULD BE FILLED OUT USING THE FACILITY'S ACCOUNTS PAYABLE INFORMATION. IF THE INVOICES ARE TO BE MAILED DIRECTLY TO THE AGENT, A "REQUEST FOR MAILING ADDRESS CHANGE" FORM MUST ALSO BE COMPLETED USING THE AGENT'S MAILING ADDRESS INFORMATION.

COMPANY NAME:

TO THE ATTENTION OF:

ADDRESS:

CITY, STATE, ZIP CODE

PRIMARY CONTACT

NAME:

ALTERNATE CONTACT

NAME:

TELEPHONE:

FAX:

E-MAIL:

CUSTOMER ALLOCATION/EMERGENCY CONTACT NAMES - PLEASE LIST TWO NAMES WITH HOME, WORK, AND FAX TELEPHONE NUMBERS AND E-MAIL ADDRESS (IF AVAILABLE). *(NO AGENT NAMES PLEASE)*

NAME:		NAME:	
TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:	
FAX:		FAX:	
PAGER:		PAGER:	
E-MAIL:		E-MAIL:	

SECTION II: SERVICES PROVIDED UNDER THIS GENERAL DISTRIBUTION SERVICES APPLICATION AND AGREEMENT

THE COMPANY SHALL PROVIDE GENERAL DISTRIBUTION SERVICE (GDS) TO THE CUSTOMER IN ACCORDANCE WITH THE RULES APPLICABLE TO DISTRIBUTION SERVICE SECTION OF THE COMPANY'S TARIFFS TO THE FACILITIES AND AT THE QUANTITIES SPECIFIED ON ATTACHMENT A, WHICH IS HEREBY INCORPORATED BY REFERENCE AND MADE PART OF THIS AGREEMENT. PURSUANT TO PARAGRAPH 2.4.5 OF COLUMBIA'S RULES APPLICABLE TO DISTRIBUTION SERVICE, THE CUSTOMER REMAINS FULLY RESPONSIBLE TO THE COMPANY FOR THE PAYMENT OF ANY INVOICES, FEES, IMBALANCE PURCHASES, BANKING AND BALANCING CHARGES, OFO OR OMO CHARGES, PENALTIES OR OTHER CHARGES ARISING OUT OF THE NGS'S PROVISION OF NATURAL GAS SUPPLY SERVICES TO THE CUSTOMER, INCLUDING ANY DIFFERENTIAL BETWEEN THE PRICE OFFERED BY THE NGS AND THE RATE CHARGED BY COLUMBIA IN THE EVENT THAT THE NGS DISCONTINUES SERVICE OR DEFAULTS ON ITS CONTRACT BEFORE ITS CONTRACT WITH THE CUSTOMER HAS EXPIRED.

SECTION III: TERM

THE TERM OF THIS AGREEMENT SHALL BE FROM THE DATE COLUMBIA FIRST DELIVERS VOLUMES OF GAS TO CUSTOMER AT ITS FACILITIES PURSUANT TO THIS AGREEMENT UNTIL THE FIRST OF THE FOLLOWING NOVEMBER, PROVIDED, HOWEVER, THAT THE AGREEMENT SHALL CONTINUE IN EFFECT AFTER THAT DATE ON A YEAR-TO-YEAR BASIS. EITHER PARTY MAY TERMINATE THIS AGREEMENT UPON WRITTEN NOTICE SIXTY (60) DAYS PRIOR TO AN EFFECTIVE DATE OF TERMINATION, SUBJECT TO THE PROVISIONS OF THIS AGREEMENT AND THE APPLICABLE RATE SCHEDULE.

SECTION IV: VOLUMETRIC INFORMATION

THE MAXIMUM DAILY VOLUME AND THE ANNUAL VOLUME TO BE DISTRIBUTED BY THE COMPANY MUST BE SPECIFIED FOR EACH FACILITY ON ATTACHMENT A. IF THE CUSTOMER DOES NOT WANT TO DETERMINE THE MAXIMUM DAILY VOLUME AND THE ANNUAL VOLUME REQUIRED FOR EACH FACILITY, THE CUSTOMER HAS THE OPTION OF HAVING THE COMPANY CALCULATE THOSE FIGURES.

IN THE BOX BELOW PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS:

- OPTION A. THE CUSTOMER AGREES TO HAVE COLUMBIA DETERMINE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME FOR EACH FACILITY. COLUMBIA SHALL CALCULATE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME BASED ON EACH FACILITY'S HISTORICAL CONSUMPTION INFORMATION AND SPECIFY THOSE FIGURES ON ATTACHMENT A.
- OPTION B. THE CUSTOMER AGREES TO DETERMINE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME FOR EACH FACILITY BASED ON EACH FACILITY'S HISTORICAL CONSUMPTION AND SPECIFY THOSE FIGURES ON ATTACHMENT A. THE CUSTOMER UNDERSTANDS THAT THESE FIGURES ARE SUBJECT TO THE COMPANY'S REVIEW AND APPROVAL.

I CHOSE OPTION A

I CHOSE OPTION B

THE CUSTOMER AGREES THAT REGARDLESS OF WHICH OPTION WAS SELECTED ABOVE, IN ACCORDANCE WITH THE COMPANY'S TARIFFS, THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUMES SPECIFIED ON ATTACHMENT A ARE SUBJECT TO ADJUSTMENT BY THE COMPANY NO MORE THAN ONE TIME EACH YEAR, TO REFLECT THE FACILITY'S ACTUAL MAXIMUM DAILY AND ANNUAL VOLUMES EXPERIENCED IN THE MOST RECENT NOVEMBER TO OCTOBER PERIOD. ADDITIONALLY, AN ADJUSTMENT TO THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME MAY BE MADE AT ANY TIME UPON AGREEMENT OF THE CUSTOMER AND THE COMPANY.

IF ANY FACILITY IS A "HUMAN NEEDS FACILITY", AND CONSUMES MORE THAN 6,000 MCF ANNUALLY, THE CUSTOMER AGREES TO EITHER PURCHASE STANDBY SERVICE FOR THAT FACILITY OR CERTIFY FOR EACH FACILITY ON ATTACHMENT A THAT OPERABLE ALTERNATE FUEL IS IN PLACE TO COVER 100% OF THAT FACILITY'S MAXIMUM DAILY VOLUME. AS USED HEREIN, A "HUMAN NEEDS FACILITY" IS A FACILITY THAT CONSUMES GAS FOR SERVICE TO ANY BUILDINGS WHERE PERSONS NORMALLY DWELL, INCLUDING APARTMENT HOUSES, DORMITORIES, HOTELS, HOSPITALS, AND NURSING HOMES, AS WELL AS NATURAL GAS USAGE BY SEWAGE PLANTS.

SECTION V: BANKING AND BALANCING INFORMATION

THE CUSTOMER UNDERSTANDS AND AGREES THAT THE APPLICABLE RATE SCHEDULE, AND THE BANK TOLERANCE FOR EACH FACILITY IS SUBJECT TO CHANGE ANNUALLY, BASED ON EACH FACILITY(S) ANNUAL INDIVIDUAL CONSUMPTION THAT OCCURRED DURING THE PREVIOUS NOVEMBER THROUGH OCTOBER BILLING PERIOD. IF APPLICABLE, THE CHANGE WILL BECOME EFFECTIVE WITH THE JANUARY BILLING CYCLE OF THE FOLLOWING YEAR. BANK TOLERANCES AND RATE SCHEDULES WILL BE ESTABLISHED IN ACCORDANCE WITH THE TABLE BELOW:

RATE SCHEDULE	ANNUAL VOLUMES IN MCF NOVEMBER – OCTOBER	BANK TOLERANCE NOVEMBER THROUGH SEPTEMBER	BANK TOLERANCE OCTOBER
SGS	0 – 5999	10%	5%
SDS	6000 – 50,000	10%	5%
LDS	>50,000	5%	5%
MLS	< 50,000	10%	5%
	>50,000	5%	5%

SECTION VI: DELIVERY POINT INFORMATION

THE FOLLOWING ARE THE POINTS OF DELIVERY INTO COLUMBIA GAS OF PENNSYLVANIA'S DISTRIBUTION SYSTEM FOR GAS PRODUCED OUTSIDE PENNSYLVANIA, WHICH MAY BE USED UNDER THIS AGREEMENT. THE CUSTOMER HEREBY AGREES TO DELIVER GAS TO THE COMPANY AT ONE OF THE FOLLOWING DELIVERY POINTS IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE RULES APPLICABLE TO DISTRIBUTION SERVICE SECTION OF THE COMPANY'S TARIFFS. CONTACT YOUR NATURAL GAS SUPPLIER FOR INFORMATION ABOUT THE POINTS OF DELIVERY AVAILABLE FOR YOUR FACILITY.

INTERSTATE PIPELINE	POINT OF DELIVERY INTO CPA
CARNEGIE GAS PIPELINE	JEFFERSON-CA MASONTOWN-CA
COLUMBIA TRANSMISSION	LAN25E25-TCO BED-2526-TCO DOW25E29-TCO PIT-2535-TCO OLE-2536-TCO RIM-2538-TCO NEW-2539-TCO MIS-2540-TCO
CONSOLIDATED NATURAL	WARRENDL-CNG DARLING-CNG
EQUITRANS	GROVETON-EQT BRADFORD-EQT ELRAMA35-EQT
NATIONAL FUEL	WARREN-NATL
TENNESSEE PIPELINE	NEWCASTLE-TEN
TEXAS EASTERN	EMIGSB-TETCO ROCKWD-TETCO NEMACO-TETCO UTOWN-TETCO PLESNT-TETCO CHAMBR-TET

GAS PRODUCED WITHIN THE STATE OF PENNSYLVANIA MAY HAVE VARIOUS POINTS OF DELIVERY INTO COLUMBIA GAS OF PENNSYLVANIA. CONTACT YOUR NATURAL GAS SUPPLIER OR LOCAL GAS PRODUCER FOR INFORMATION ABOUT THE POINTS OF DELIVERY AVAILABLE FOR YOUR FACILITY.

SECTION VII: APPOINTMENT OF AGENT

APPOINTMENT OF AGENT
(OPTIONAL FOR FACILITIES >6000 MCF/YR)

THE CUSTOMER CONSTITUTES
AND APPOINTS: _____ LOCATED AT:
(STREET, CITY, STATE, ZIP CODE): _____

AND WITH A PHONE NUMBER OF: _____ TO SERVE AS ITS AGENT IN
ACCORDANCE
WITH PAR. 3.2.2 OF THE RULES APPLICABLE TO DISTRIBUTION SERVICE OF COLUMBIA GAS OF
PENNSYLVANIA'S TARIFF.

COLUMBIA GAS OF PENNSYLVANIA'S RULES APPLICABLE TO DISTRIBUTION
SERVICE, AS APPROVED BY THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, AS
WELL AS THE APPLICABLE COMMISSION-APPROVED RATE SCHEDULE, ARE
INCORPORATED IN THIS AGREEMENT.

ACCEPTED AND AGREED ON THIS _____ DAY OF _____
Date Month YEAR

(to be completed by Columbia)

Customer's Legal Name
Customer's Signature
Printed Name
Title

Columbia Gas of Pennsylvania, Inc
Company's Legal Name
Columbia's Signature
Printed Name
Title

MAIL COMPLETED ORIGINAL SIGNED APPLICATION & AGREEMENT TO:
GDS DEPARTMENT
COLUMBIA GAS OF PENNSYLVANIA
650 WASHINGTON ROAD, 7TH FLOOR
PITTSBURGH, PA 15228

1. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____

2. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____

3. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____

4. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____

5. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____

6. FACILITY STREET ADDRESS: _____
FACILITY CITY, STATE, ZIP CODE: _____
COLUMBIA GAS ACCOUNT NUMBER: _____ INITIAL AGGREGATION GROUP: _____
WHAT TYPE OF BUSINESS IS THIS? _____ IS THIS A HUMAN NEEDS FACILITY? _____
INITIAL MAXIMUM DAILY VOLUME (Mcf): _____ INITIAL ANNUAL VOLUME (Mcf): _____

TYPE OF OPERABLE ALTERNATIVE FUEL: _____	PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL: _____
OPERABLE ALTERNATIVE FUEL TEST DATE: _____	INITIAL AMOUNT OF STANDBY SERVICE REQUESTED (Mcf): _____