

**RULES AND REGULATIONS
 FOR THE TRANSPORTATION OF NATURAL GAS (Cont.)**

**HOPE GAS, INC.
 TRANSPORTATION REQUEST FORM**

Customer Name _____ Account # _____

Customer Classification (RS, SGS, LGS, LCI, WS) _____

Facility Location _____

Street City County

Mailing Address _____

Street or P. O. Box

City State Zip

Contact Person _____ Phone _____

State of Incorporation (if applicable) _____

Source of Supply to be Transported _____

Intervening Pipeline(s) _____

Maximum Daily Transport Quantity _____

Est. Monthly Consumption:	Jan. _____ dt	July _____ dt
	Feb. _____	Aug. _____
	Mar. _____	Sep. _____
	Apr. _____	Oct. _____
	May _____	Nov. _____
	June _____	Dec. _____

TOTAL _____ dt

Requested By _____

(Please sign)

Date _____

(C) Mail to: HOPE GAS, INC.
 781 Chestnut Ridge Road, Suite 100
 Morgantown, WV 26505

Hope Gas, Inc. Use Only

Request No. _____

Date Rec'd _____

Time Rec'd _____

By _____

(C) Indicates a change in text of regulations