

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. _____ dt Aug. _____ dt

Mar. _____ dt Sep. _____ dt

Apr. _____ dt Oct. _____ dt

May _____ dt Nov. _____ dt

June _____ dt Dec. _____ dt

TOTAL _____ dt

Requested By _____

(Please sign)

Date _____

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 _____