

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 _____

Mail to: HOPE GAS, INC.
P. O. Box 2868
Clarksburg, WV 26302-2868

Hope Gas, Inc. Use Only
Request No. _____
Date Rec'd _____
Time Rec'd _____
By _____