

SERVICE REQUEST FORM

Any party requesting Gas Transportation Service, Hub Service or Park & Loan Service on Iroquois' system must complete a Service Request Form in keeping with Section 3 of the General Terms and Conditions of Iroquois' currently effective FERC Gas Tariff.

Completed Service Request Forms shall be forwarded to: Gina M. Ferreri, Contracting & Credit Service Representative
Iroquois Gas Transmission System, L.P.
c/o Iroquois Pipeline Operating Company
One Corporate Drive, Suite 600
Shelton, Connecticut 06484
E-mail: gina_ferreri@iroquois.com
Fax: (203) 925-7296

No request for service shall be considered until a completed Service Request Form is received by Transporter.

1. Type of Service Requested (check requested service):

RTS (Firm Service) PALS Potential Capacity Replacement
 ITS HUB Service *(complete only sections 8 through 10 and submit with a Blanket Capacity Release Form)*

2. Rate (applicable to RTS service only):

(a) Percentage of Maximum Rate Shipper is willing to pay _____ %

OR

(b) Negotiated Rate or Rate under Negotiated Rate Formula that Shipper is willing to pay
(Applicable to RTS and ITS service only) _____

3. Date Service is Requested to Commence: _____

4. Date Service is Requested to Terminate: _____

5. Requesting Party (Complete Legal Name): _____

(a) Type of Legal Entity *(corporation, limited partnership, etc)*: _____

(b) State of Incorporation: _____

(c) Shipper is *(please check one)*:

Interstate Pipeline Intrastate Pipeline Marketer LDC
 End-User Producer Broker
 Other _____

(d) DUNS Number *(NAESB Requirement)*: _____

If Shipper is acting as agent in arranging this service, specify below each principal (complete legal name, type of legal entity and state of incorporation) and its respective type of company *(Shipper must supply agency agreements for each principal)*.

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6. Are additional or new facilities required to be installed or constructed by any party which is necessary for receipt of gas by Iroquois or for delivery to and/or utilization of gas by the Shipper or direct or indirect customers of the Shipper? If so, please specify:

7. Please provide the name and full title of officer (or general partner) of Shipper who will execute service contracts with Iroquois.

8. Contact Person for Service Request Form & Contracts.

Contact Name	Title
Mailing Address	Street Address
Work Phone No.	Fax No.
E-mail	

9. Twenty-four (24) hour contact person for purposes of dispatching gas to and from receipt and delivery points.

Contact Name	Title
Mailing Address	Street Address
Work Phone No.	Fax No.
24-Hour Phone No.	
E-mail	

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10. Contact person to who invoices and billing notices are to be directed. _____

Contact Name	Title
Mailing Address	Street Address
Work Phone No.	Fax No.
E-mail	

11. Proposed Receipt & Delivery Points and Volumes (*RTS, PALS and ITS Service*)

Check here if FIRM RESERVED TRANSPORTATION SERVICE is requested:

Proposed Receipt Point:	
Proposed Delivery Point:	
Term of Service:	
Maximum Equivalent Quantity, Dth:	

Check here if INTERRUPTIBLE SERVICE is requested at ALL available Receipt & Delivery Points.

Proposed Maximum Equivalent Quantity, Dth: _____

Check here if PARK & LOAN SERVICE is requested at ALL available Receipt & Delivery Points.

Proposed Maximum Balance Quantity, Dth: _____

Check here if HUB SERVICE is requested.

Proposed Maximum Balance Quantity, Dth: _____

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12. Shipper Certification: Shipper hereby certifies that Shipper has title or current contractual right to acquire title to the gas supply for which transportation service is requested, and that Shipper has or will enter into all contractual arrangements necessary to ensure that all upstream and downstream transportation is in place prior to the date on which service is requested to commence.
13. This form is provided for the convenience of Shipper in complying with the transportation, hub and park and loan service request procedures of Iroquois' currently effective FERC Gas Tariff. **Nevertheless, it is Shipper's responsibility to provide all of the information necessary to satisfy Transporter.**

Signed: _____

Date: _____

Print Name: _____

Title: _____

Internal Use Only

Date & Time SRF Received: _____

IGTS Representative: _____

Sufficient Data: (Yes/ No)

If NO, data missing: _____

If NO, date letter sent/call made: _____

Follow up comments: _____

SHIPPER CREDIT FORM completed: (Yes/ No)

If NO, data missing: _____

If NO, date letter sent/call made: _____

Follow up comments: _____

SHIPPER CONTACT FORM completed: (Yes/ No)

If NO, data missing: _____

If NO, date letter sent/call made: _____

Follow up comments: _____

Assigned Contract Number(s): _____