

NOMINATION FORM

GREAT LAKES GAS TRANSMISSION COMPANY

Intra-Day Cycle: _____

CONTACT: Transportation Services Hot Line: 1-866-454-7572
 Fax Number: 832-320-5706

Shipper Name:		Contact:
Contract:	Shipper ID#:	Telephone:
Start Date:		End Date:

Receipt Point(s)	Delievery Point(s)	Transport (Dth)	Required Fuel (Dth)

Total Transport (Dth) _____ + Total Required Fuel _____ = Total Supply Input _____

UPSTREAM SUPPLIER INFORMATION			
Receipt Point(s)	Supplier(s)	DTH	Priority

DOWNSTREAM MARKET INFORMATION				
Delivery Point(s)	Market(s)	Package ID	DTH	Priority

Total Suppliers (DTH) _____

Total Market(s) Dth _____

Fuel based on {transport dth times (fuel rate divided by [1 minus fuel rate])}. Total supply input must equal total supplier Dth. Total market Dth must equal Total Transport Dth. Contract MDQ's based on Total Transport Dth delivered . Shipper ID # is a five digit number that begins with seven.

Requested By: _____